



THE HUNDRED AND SEVENTH  
ANNUAL REPORT UPON

# THE HEALTH OF LEICESTER DURING 1955

E. K. MACDONALD  
O.B.E., M.D., D.P.H.

## CITY OF LEICESTER

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(As constituted 31st December, 1955)

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Mr. H. N. T. STAUNTON

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Mrs. C. E. JACKSON	

## **QUALIFICATIONS AND DUTIES OF SENIOR PUBLIC HEALTH OFFICERS**

As specifically requested in Ministry of Health Circular 1/54, the following details are given :

### **Medical Officer of Health**

E. K. MACDONALD, O.B.E., M.D., D.P.H.

Exercises oversight and control over all the City's Health Service, advises all Committees of the Corporation on medical matters, and acts as Principal School Medical Officer.

### **Deputy Medical Officer of Health**

A. I. ROSS, M.D., D.P.H.

Acts as Deputy to the Medical Officer of Health, including the School Health Service, and particularly supervises the work of the City Ambulance Service, the City Mental Health Service, the Home Nursing Service, and the control of infectious disease.

### **Medical Officer for Maternity and Child Welfare**

(Miss) E. B. B. HUMPHREYS, M.B., Ch.B.

Responsible for the control of the Maternity and Child Welfare Service, including the Health Visitor, Midwifery, and Day Nursery and Clinic Services, and also the Home Help Service.

### **Tuberculosis Officer**

C. M. CONNOLLY, B.Sc., M.D., M.R.C.P., D.P.H.

Though primarily appointed by and responsible to the Sheffield Regional Hospital Board as Consultant Chest Physician, and in this capacity, in charge of the Leicester Chest Clinic and of beds at the Leicester Isolation Hospital and Chest Unit, is also responsible, in co-operation with the Medical Officer of Health, for the preventive side of the campaign against tuberculosis.

### **Public Analyst**

F. C. BULLOCK, B.Sc., P.A.Inst.W.E., F.R.I.C.

Responsible for the work of the Public Analyst's Laboratory and for the analysis of and reporting on samples of Foods and Drugs and other matters.

### **Chief Sanitary Inspector**

G. A. HILLER, F.R.S.H., A.M.I.S.E., F.S.I.A.

Responsible for the work of the Sanitary Inspection Department.

### **Chief Administrative Assistant**

F. KELLETT, F.C.C.S.

Responsible to the Medical Officer of Health for all the "lay" side of the work of the Health Department, including the non-professional staff, the payment of wages, and the ordering and checking of goods.

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# SUMMARY OF STATISTICS

FOR THE YEAR 1955

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Population (estimated), mid-1955	..	..	..	286,300
Population at Census, 8th April, 1951	..	..	..	285,061
Marriages	..	..	..	2,512
Births (corrected)	..	..	..	4,237
Birth-rate (standardised birth-rate = 14.7)	..	..	..	14.8
Deaths (corrected for transferable deaths)	..	..	..	3,422
Death-rate (standardised death-rate = 12.2)	..	..	..	12.0
Deaths under One Year	..	..	..	99
Infant Mortality (per 1,000 Births)	..	..	..	23.4
Maternal Mortality (per 1,000 total births)	..	..	..	0.23
Zymotic death-rate (per 1,000 population)	..	..	..	0.15
Respiratory Disease death-rate (per 1,000 population)	..	..	..	1.32
Cancer death-rate (per 1,000 population)	..	..	..	1.89
Tuberculosis death-rate (per 1,000 population)	..	..	..	0.21
Phthisis death-rate (per 1,000 population)	..	..	..	0.20

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Area of City (in acres)	..	..	..	..	16,990
Number of Inhabited Tenements, January, 1956	..	..	..	..	88,613
Number of Empty Houses, January, 1956	..	..	..	..	883
Rateable Value at 1st April, 1955	..	..	..	..	£2,293,471
General Rate for the year, 1955-56	..	..	..	..	25/10 in £

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					<b>England and Wales</b>
Birth-rate	..	..	..	..	15.0
Death-rate	..	..	..	..	11.7
Infant Mortality (per 1,000 Births)	..	..	..	..	24.9

(Registrar-General's Figures)

*To the Chairman, Lord Mayor, and Members of the  
City Health Committee*

Mr. Chairman, My Lord Mayor, Ladies and Gentlemen,

I have the honour to submit herewith the Annual Report on the Health of Leicester for the year 1955.

From the statistical angle, the salient points of the year under review are the following : the population of the City at mid-year was estimated to be 286,300, a loss of no less than one thousand persons compared with the estimated population for the previous year, 1954. As the number of births in the City in 1955 exceeded the number of deaths by the figure of 815, either the method of estimation was incorrect or Leicester people are ceasing to live in the City—thus an interesting position may arise.

The birth-rate at 14.8, and the death-rate at 12.0 were, within reasonable limits, much the same as in the previous year, but it is especially pleasing to record that in several rates we achieved a low record. The infantile mortality rate at 23.4 reached our lowest ever, and the maternal mortality rate at 0.23, another low record, was an immense improvement on the rate, for example, for 1935 when I came to Leicester, at 6.2. This means that only one woman died as a result of her pregnancy during the whole year, as compared with 22 deaths in 1935.

A study of Dr. Connolly's report (in Appendix I) on the work of the Chest Clinic for 1955 will bring to light several very interesting facts. The position as regards tuberculosis is changing, and changing rapidly.

There were 394 new cases in 1955, the lowest number for many years and nearly as satisfactory as was the position in 1939 before the war. The number of deaths (at 59) was an all-low record and compares with 71 for the previous year and 208 in 1939. The vast majority of the deaths in 1955 occurred in the older age groups and in chronic cases, a very different position from a few years ago when tuberculosis was a major killing disease in the younger age groups. One of the more important problems left is that of the chronic active cases, which comprise about one-quarter of the register of pulmonary cases. It is, therefore, all the more interesting to note the intensive effort that has been made to render some chronic and infective cases non-infective by

giving them suitable chemotherapy and to see the degree of success that has followed these efforts.

The report is most interesting and hopeful. The staff of the Chest Clinic is to be congratulated on the excellent work that is being done. There is the happiest co-operation between the staff of the Clinic and that of the Health Department.

Much of the remainder of the Report deals with good work of progress and consolidation. I should, I feel, comment on one or two matters. The new Mobile Clinic, now in use on the outlying areas of the City, is proving most valuable. The decrease in numbers in the Sanitary Inspection Service is most unfortunate, as it has occurred at a time when a full staff has never been more desirable. The present staff is much to be congratulated on what they have done.

The Analyst's Department and Home Help Service appear to have settled down happily in their new quarters and much good work has obviously been done. It would, however, in my opinion be a great day in the life of the Health Department when accommodation is found for all of us in one block of offices. Administration would be much easier and greater efficiency would be the result.

For over twenty years now, I have concluded this letter with a note of thanks to you, Mr. Chairman, to your Committee and to the staff of the Department. I see no reason why I should change my habits. To you all, I express my most grateful and very sincere thanks.

I am,

Mr. Chairman, My Lord Mayor, Ladies and Gentlemen,

Your obedient servant,

E. K. MACDONALD, O.B.E., M.D., B.S., D.P.H.

*Medical Officer of Health*

Health Department,  
Grey Friars,  
Leicester,  
17th July, 1956

# ANNUAL REPORT 1955

## SECTION A

### Statistics and Social Conditions of the Area

#### STATISTICS

##### Population

The Registrar-General estimates the population of the City of Leicester at mid-1955 as 286,300. The estimated mid-1954 population was 287,300. As the total births in the City during the year 1955 exceeded the total deaths by 815, this means that the City is estimated to have lost population, presumably by emigration, to the figure of 1,815.

##### Birth-rate

The number of live births registered during 1955 was :

Males .. .. .	2,160 (2,208)
Females .. .. .	2,077 (2,205)
Total .. .. .	4,237 (4,413)
Birth-rate .. .. .	14.8 (15.4)
Standardised Birth-rate .. .. .	14.7 (15.2)

(Note : The comparative figures for 1954 are those in brackets)

Of the 4,237 total births, 250 (135 males and 115 females) were illegitimate, much the same as for the previous year—240, 122, and 118 respectively.

##### Stillbirths

There were 90 stillbirths (60 males and 30 females) as compared with 105, 54 and 51 respectively for 1954. This is more satisfactory, especially when taken in conjunction with the figures for infant mortality.

## Infant Mortality

In 1955 we reached the best report we have ever had under this heading. There were 99 infant deaths compared with 120 in the previous year. Of these, 51 were males and 48 females. The infant mortality rate at 23.4 was the lowest we have ever recorded. In 1949 the figure was 23.8, the previous best.

The main causes of infant deaths were (Registrar-General's figures) :

	1955			1954		
	Male	Female	Total	Male	Female	Total
Congenital malformations	6	9	15	14	11	25
Pneumonia .. ..	4	4	8	3	5	8
Bronchitis .. ..	4	2	6	5	3	8
Accidents .. ..	—	2	2	2	2	4
Gastritis, Enteritis ..	1	1	2	2	2	4
Infectious Disease ..	1	1	2	3	1	4
Other defined and ill-defined diseases ..	35	29	64	34	33	67
	—	—	—	—	—	—
	51	48	99	63	57	120
	—	—	—	—	—	—

Of these deaths (64) included under the heading of other diseases, there were eight male and nine female deaths assigned locally to prematurity.

## Marriages

The number of marriages in Leicester in 1955 was 2,512 (2,281).

## Death-rate

The total number (corrected) of deaths was 3,422 (3,240), namely 1,687 (1,655) males and 1,735 (1,580) females.

The death-rate was therefore 12.0, compared with 11.3 in 1954. The standardised death-rate was 12.2 (11.5). The death-rate for England and Wales was 11.7.

Leicester is therefore, unusually, worse in this respect than the country as a whole.

2,362 persons (69% of the total) died after they had reached their 65th birthday and 1,416 reached the age of 75 years or over.

The causes of death will be found in Table 2, from which the following extracts are taken :

**Heart and Vascular Disease**

Of the 3,422 total deaths, 1,839 (53.7%) were assigned to these causes compared with 52.5% in 1954. Of the 1,839 deaths, 869 were males and 970 females. 1,475 attained the age of 65 years or over.

**Cancer**

There were 541 deaths from this cause—268 males and 273 females. These figures compare with 593, 285 and 308 for the previous year—an improvement of almost 10%. The general pattern of the disease was much the same as for the previous year.

**Tuberculosis**

There were 59 deaths from this disease, quite the best figure we have ever had. 1954, the previous year, with 76 deaths, was the lowest record till then. Of the total deaths, 42 were males and 17 females.

The problem of tuberculosis is obviously changing and further reference should be made to Appendix I—Dr. Connolly’s report.

**Respiratory Disease**

There were 148 deaths from pneumonia and 201 from bronchitis. Both these figures are considerably higher than for the previous year—99 and 183 respectively.

**Other Causes of Death**

		Males	Females	Total	1954
Diabetes ..	..	4	15	19	15
Peptic ulcer ..	..	18	8	26	35
Kidney disease	..	18	17	35	23
Road accidents	..	29	12	41	34
Other accidents	..	30	44	74	86
Suicide ..	..	16	13	29	42

Details will be found in Table 2

**INFECTIOUS DISEASE—MORBIDITY AND MORTALITY**

**Measles**

It was, as expected, an epidemic year for measles with 7,168 notifications being sent to the Department as compared with only 285 cases in the previous year. There were no deaths.

**Scarlet Fever**

147 cases were notified with no death, as compared with 250 cases and no death in 1954.

## Whooping Cough

1,139 notifications were received and there was one death, a little girl under one year of age. Combined diphtheria and whooping cough vaccination has now been offered to the parents of Leicester children and is being accepted with enthusiasm.

## Diphtheria

Once again I can report a completely clean sheet—no case notified and no death.

### Diphtheria Immunisation

	Under 5	Over 5	Total
Number of children immunised in 1955.. .. .	2594 (2791)	547 (767)	3141 (3558)
Number of children given "boosting" dose in 1955 .. .. .	689 (646)	1902 (2416)	2591 (3062)

(Note : 1954 figures in brackets)

### Vaccination

#### Number of Persons Vaccinated (or Re-vaccinated) during 1955

Age at Date of Vaccination	Under 1	1	2 to 4	5 to 14	15 or over	Total
No. vaccinated ..	130 (84)	137 (114)	50 (53)	72 (56)	239 (181)	628 (488)
No. re-vaccinated ..	Nil (Nil)	Nil (Nil)	5 (8)	19 (14)	386 (256)	410 (278)

(Note : 1954 figures in brackets)

## Poliomyelitis

Only 13 cases came to our knowledge during the year, four being paralytic and nine non-paralytic. There was no death.

The comparable figures for the previous five years are :

1954	..	8 cases	..	4 paralytic	..	no death
1953	..	19 „	..	15 „	..	1 „
1952	..	4 „	..	3 „	..	no „
1951	..	13 „	..	9 „	..	1 „
1950	..	79 „	..	42 „	..	4 deaths

Even though I have said that only 13 cases occurred in 1955, one single case is one too many, and it is hoped that by the use of the new anti-poliomyelitis vaccine, started in the early summer of 1956, some good will result. A further report on this matter will be given in next year's report.

The cases arising in 1955 are summarised in the following table :

Month	Paralytic Ages					Non-paralytic Ages				
	0-4	5-14	15-24	25+	Total	0-4	5-14	15-24	25+	Total
August . .	1	-	-	-	1	1	2	-	-	3
September	-	1	-	1	2	-	3	1	-	4
October . .	-	-	-	-	-	-	1	-	-	1
November	1	-	-	-	1	-	1	-	-	1
Totals	2	1	-	1	4	1	7	1	-	9

### Sonne Dysentery

Although the number of cases of dysentery coming to the notice of the Department was almost half that of the previous year—867 compared with 1,595—the disease was responsible for considerable “nuisance value” and minor illness. In 1955 we had the usual winter epidemic starting this time towards the end of January and reaching a peak in the middle of March, when in one week 64 cases were notified, of which 45 were positive for *Shigella sonnei*, the organism causing most cases of dysentery in this country at present. The epidemic then gradually subsided, in May, June and July, there being only a few positive cases each week and almost none from August to November, although specimens of motion from patients in different parts of the City continued to be examined. The reduction in the number of cases during the summer and autumn was therefore a genuine one. It will be seen that the disease is very different from the old summer diarrhoea which used to cause such a large number of deaths among Leicester babies fifty years ago, e.g. 312 in 1906.

As previously, we found that the disease had mostly spread within families and among children while in attendance at nurseries, nursery classes and to a much less extent, infant schools. As far as we could ascertain spread did not happen at junior or secondary schools. The spread within families is shown by our results in 205 families, all of whose members had three specimens of motion examined. Almost half the individuals in these families were infected—427 being positive out of 870. In many cases it is impossible to say where a patient is infected.

			Source of Infection					
		Nursery	School	Family	Work	Hospital	Unknown	Total
Clinical dysentery confirmed	..	48	39	12	—	16	167	282
Clinical dysentery—no specimens taken	..	—	—	—	—	—	14	14
Clinical dysentery—specimens taken—negative	..	2	3	5	2	—	343	355
Symptomless excretors	..	63	—	149	1	—	3	216

The age distribution was :

	Under 1 month	1-5 mths.	6-11 mths.	1-4 yrs.	5-14 yrs.	15-44 yrs	45-64 yrs.	over 65 yrs.	Total
Clinical dysentery confirmed ..	—	—	4	119	105	36	4	14	282
Clinical dysentery—no specimens taken ..	—	—	—	1	—	13	—	—	14
Clinical dysentery—specimens taken—negative ..	—	9	13	98	102	124	4	5	355
Symptomless excretors ..	—	3	3	72	44	92	—	2	216

As is usual most cases occurred among children, and children under five suffered more than the older ones.

The incidence in the sexes under 15 years of age was similar. From 15 years and over more females than males were positive, presumably because of their closer association with children.

Age Groups	Males			Females			% pos. ratio Males/Females
	Pos.	Neg.	% pos.	Pos.	Neg.	% pos.	
0—4 years	116	89	56.5%	85	71	54.5%	1.04
5—14 years	76	100	43.2%	73	83	46.8%	.92
15 and over	48	234	17.0%	100	288	25.8%	.66
Totals ..	240	423	36.2%	258	442	36.8%	.98

The incidence in the two sexes was similar.

	Males	Females	Total
Clinical dysentery confirmed ..	137	145	282
Clinical dysentery—no specimens taken ..	5	9	14
Clinical dysentery—specimens taken—negative ..	186	169	355
Symptomless excretors ..	101	115	216

Cases usually cleared fairly quickly, only 68 of 487 cases of confirmed clinical dysentery or symptomless excretors, whose time of becoming negative was known, taking longer than six weeks and only 3.7% 12 weeks or more. All were clear in 15 weeks. This contrasts with the much longer time, as mentioned in the section of this report on food poisoning, that salmonella infections take to clear.

		Weeks to Clear									
		1	2	3	4	5	6	7	8	9	10
Clinical dysentery con-											
firmed .. ..		3	63	52	55	40	29	7	9	4	4
Clinical dysentery—no											
specimens taken ..		—	—	—	—	—	—	—	—	—	—
Clinical dysentery—											
specimens taken —											
negative .. ..		36	219	76	13	6	1	—	2	—	—
Symptomless excretors		5	17	44	73	23	15	6	8	4	4

		Weeks to Clear— <i>continued</i>							
		11	12	13	14	15	Unknown	Total	
Clinical dysentery con-									
firmed .. ..		4	3	3	2	1	3	282	
Clinical dysentery—no									
specimens taken ..		—	—	—	—	—	14	14	
Clinical dysentery —									
specimens taken —									
negative .. ..		—	—	—	—	—	2	355	
Symptomless excretors		—	7	1	—	1	8	216	

In the prevention of this condition, washing the hands after visiting the toilet is most important.

Employers of food handlers who were infected or contacts of cases were most co-operative in arranging that where necessary they did not handle food until cleared.

An epidemic of dysentery means a great deal of work for the health visitors who make the advisory home visits and for the clerks who keep records of cases, results and deal with exclusion of children from school. All played their parts most satisfactorily.

Thanks must also be given to the general practitioners for their very full co-operation, to Dr. Mair, the Director of the Public Health Laboratory, and his staff for the bacteriological results and to the teachers and nursing staff for dealing with cases and outbreaks.

## Food Poisoning

There was a slight reduction in the number of cases coming to the notice of the Department, 251 compared with 300 in 1954 ; 166 occurred

in 38 outbreaks or family outbreaks and 122 were single cases. The term “outbreak” may sound unduly alarmist. In this context it is used where two or more related cases occur in different families and “family outbreak” where two or more related cases occur in the same family.

Brief details of some of these outbreaks are given below :

Month	Family Outbreak	Outbreak	Where outbreak occurred	No. of cases	Vehicle of infection	Organism
Jan.	Family outbreak	—	Private house	6	Unknown	Unknown
May	„	—	„	3	„	Possibly Staph. aureus
June	„	—	„	3	„	Salm. bovis morbificans
July	„	—	„	4	„	Salm. enteritidis
„	„	—	„	3	„	{ 1 Salm. typhi-murium 1 Salm. meleagridis 1 Salm. give
Aug.	„	—	„	2	Pork	Staph. aureus
„	„	—	„	2	Unknown	{ 1 Salm. typhi-murium 1 Salm. seftenberg
„	„	—	„	2	„	Salm. muenchen
„	„	—	„	2	Ham	Staph. aureus
Sept.	—	Outbreak	Private houses	40	Roast and boiled pork and chitterlings	{ Salm. typhi-murium and Salm. give
„	Family outbreak	—	Private house	3	Unknown	{ 2 Salm. typhi-murium 1 Salm. heidelberg
Nov.	—	Outbreak	School	6	Milk	Due to acidity of
„	—	„	Factory canteen	16	Meat pie	chocolate Cl. welchii
Dec.	Family outbreak	—	Private house	3	Unknown	Salm. heidelberg

In addition there were 24 outbreaks with 71 cases due to Salmonella typhi-murium infection. In none of these was the vehicle of infection discovered.

Of the 122 single cases, 29 were due to the following identified agents and 56 of unknown cause.

Salm. typhi-murium	..	..	25
Salm. bovis morbificans	..	..	1
Salm. newport	..	..	2
Salm. san diego	..	..	1

*Staphylococcus aureus* this year accounted for only two outbreaks with a total of four cases. In one of these pork was bought on 29th July. It was cooked at once and some of it eaten that day without ill-effect. The rest was stored in a warm oven and when eaten by the two patients on the 1st August, produced vomiting and diarrhoea four hours later. The same 'phage type of *staphylococcus* was isolated from one patient's faeces and from the pork. In the other staphylococcal outbreak, boiled ham was the vehicle of infection. The ham had been exposed to contamination by *Staph. aureus* after cooking.

As has been emphasised in previous reports, food poisoning due to *Staph. aureus* is easily preventable by using a "no touch" technique when preparing the meat, and by quickly cooling and refrigerating the cooked product.

Recent visits to those premises in Leicester where cooked meats such as brawn, tongue, galantines, etc. are being produced show that the improved techniques are continuing to be used whereby either the final cooking takes place in the mould, or the hot cooked meat is placed in sterile moulds using instruments. In one or two places changes are still necessary. Attention will continue to be paid to these meat products because as personnel change there is always the danger of the older methods being reintroduced.

*Clostridium welchii* caused one outbreak of 16 cases. As usual in outbreaks due to this organism, meat was the vehicle of infection. The outbreak occurred among factory workers who ate a canteen meal, one item of which was meat and kidney pie. The meat had been cooked the day before and allowed to cool over night in large saucepans in a warm kitchen on top of a gas stove. The next day pies were made and the meat was reheated in an oven and eaten by 240 people at their midday meal. This outbreak could have been avoided by eating the meat immediately after it was cooked.

The milk chocolate that produced nausea and mild vomiting in six schoolgirls had deteriorated through overlong storage and the fat had become rancid.

Apart from the outbreak of 40 cases due to *Salmonella give* and *Salmonella typhi-murium*, the other 32 outbreaks due to *Salmonella* infections were all family outbreaks. In the 32 families, there were 51 patients who suffered from vomiting and diarrhoea and 36 symptomless contacts, who were found positive on routine sampling. It is interesting that on routine sampling of family contacts types of *salmonella* other than those responsible for the original infection were found

in four individuals. The types were one each of *Salmonella meleagridis*, *Salmonella give*, *Salmonella seftenberg* and *Salmonella heidelberg*.

The total number of different salmonella infections, both single and outbreaks, were as follow :

<i>Salmonella typhi-murium</i>	..	107
<i>Salmonella give</i>	..	32
<i>Salmonella enteritidis</i>	..	5
<i>Salmonella heidelberg</i>	..	4
<i>Salmonella bovis morbificans</i>	..	4
<i>Salmonella newport</i>	..	3
<i>Salmonella muenchen</i>	..	2
<i>Salmonella san diego</i>	..	1
<i>Salmonella meleagridis</i>	..	1
<i>Salmonella seftenberg</i>	..	1
Total	..	160

The age and sex distribution were :

Age and Sex				
		Male	Female	Total
0-11 months	..	5	4	9
1-4 years	..	16	14	30
5-14 years	..	14	22	36
15 and over	..	42	43	85
Totals	..	77	83	160

Weeks to Clear										
1	2	3	4	5	6	7	8	9		10
1	14	18	20	10	11	8	16	14		1
										(9 Salm. typhi-murium)
										(Salm. typhi-murium)
										(4 Salm. give)
										(1 Salm. newport)
11									12 or more	Unknown
11									23	13
(4 Salm. typhi-murium)									(16 Salm. typhi-murium)	
(2 Salm. enteritidis)									(4 Salm. give)	
(2 Salm. bovis morbificans)									(1 Salm. heidelberg)	
(2 Salm. give)									(1 Salm. enteritidis)	
(1 Salm. heidelberg)									(1 Salm. san diego)	

Most became negative in a few weeks but some went on longer, 23 (16% of those where the time of clearing was known) taking 12 weeks or more. These 23 were mostly children, the age distribution being :

Age				Number
0-4 years	..	..	..	8
5-14 years	..	..	..	10
15+	..	..	..	4

One case took 31 weeks to clear and another 24. These clearance times are very much longer than those of the sonne dysentery cases where only 3.7% took 12 or more weeks to become negative.

The clearance times of these more chronic cases seemed uninfluenced by treatment, various forms of sulphonamides and antibiotics being tried without success, until eventually the cases became negative, one would almost think in spite of treatment rather than because of it.

With adults who are not food handlers or working in hospitals or among school children, these long periods of infectivity are not so important from the point of view of the individual concerned, as they can usually carry on with their usual work and have stool tests from time to time until they are found clear, but adults who have to stop work because of the special risks of infecting others, and school children, may be in a most difficult position.

At the end of the year the need to keep cases of salmonella infection and sonne dysentery from school was reviewed, as outbreaks of these diseases, due to spread at school from child to child, have not occurred in Leicester amongst junior and secondary school children. It was decided to allow such children to return to school when they had been free from symptoms for a week. Children attending nursery and infant schools remain away until clear.

Thirteen patients with salmonella infection were admitted to hospital, 11 because of the severity of the symptoms or to prevent others in the household becoming infected and two because of the ineffectiveness of treatment at home in rendering them clear.

### Paratyphoid

One man, aged 18, was infected with paratyphoid B fever. The cause of the infection was not found. Stool specimens from the other four members of the household were negative.

### Specific Coliform Infection

Four specific coliform (Bact. coli type 0111) infections, causing gastro-enteritis among children living at home, were reported during the year. Two were small babies, one of whom had to be sent to hospital

because of the severity of the symptoms. The others were toddlers. The mother of one of the children was found to be passing the organism in her motions but did not have symptoms. This type of Bact. coli has been found in hospital outbreaks of gastro-enteritis but not to any extent among children infected at home. In these cases there did not appear to have been any possibility of the infection having been acquired in an institution.

TABLE 1

Showing estimated Population, Birth-rates and Death-rates (General and Zymotic) per 1,000 living during the last 40 years—1916-1955

Year	Estimated Population	Birth-rate	Death-rate	Zymotic Death-rate	Infant Mortality
1916	225,907	20.7	13.6	.8	104.8
1917	217,537	16.9	13.5	.7	105.0
1918	217,537	14.9	17.8	.5	108.1
1919	236,059	15.3	13.0	.3	98.0
1920	236,874	24.9	12.1	.8	89.4
1921	237,900	22.4	12.0	.5	85.9
1922	238,240	19.5	12.7	.5	87.8
1923	238,580	19.2	11.6	.4	84.0
1924	238,920	18.3	12.3	.7	79.0
1925	239,260	17.5	13.1	1.3	87.6
1926	239,600	17.2	12.4	.7	77.4
1927	239,940	16.5	12.7	.5	75.1
1928	240,280	16.6	11.4	.2	70.7
1929	240,620	15.6	14.2	1.3	80.3
1930	240,960	16.1	11.4	.4	55.7
1931	241,300	15.3	12.4	.5	63.7
1932	240,800	14.9	12.5	.8	70.0
1933	241,500	13.4	12.8	1.0	74.6
1934	241,100	14.2	11.7	.4	52.7
1935	261,000	13.9	11.6	.4	59.4
1936	261,800	14.5	11.6	.3	58.4
1937	262,900	14.5	12.5	.8	62.5
1938	263,300	14.7	11.2	.4	45.9
1939	262,900	13.9	11.5	.4	49.1
1940	259,400	13.9	14.5	.4	51.2
1941	265,310	13.9	12.2	.4	55.0
1942	259,400	16.7	11.2	.4	50.6
1943	254,800	18.6	12.8	.5	48.5
1944	257,450	20.3	11.9	.3	39.0
1945	256,960	19.2	12.2	.4	54.3
1946	269,320	21.0	12.2	.5	53.7
1947	275,830	21.9	12.2	.4	47.2
1948	280,300	19.1	10.8	.45	38.3
1949	283,400	17.9	11.6	.59	23.8
1950	287,520	16.4	11.5	.58	29.5
1951	284,700	16.2	12.4	.09	25.2
1952	285,900	15.9	11.4	.09	24.2
1953	286,500	16.0	11.2	.20	24.8
1954	287,300	15.3	11.2	.09	27.2
1955	286,300	14.8	12.0	.15	23.4

TABLE 2—CAUSES OF DEATH

CLASSIFICATION	Sex	All Ages	0—	1—	5—	15—	45—	65—
TOTAL DEATHS .. ..	M	1687	51	5	6	89	445	1091
	F	1735	48	5	10	78	323	1271
1. Tuberculosis of Respiratory System .. ..	M	42	—	—	—	7	24	11
	F	15	—	—	—	8	3	4
2. Other forms of Tuberculosis .. ..	M	—	—	—	—	—	—	—
	F	2	—	—	—	1	1	—
3. Syphilitic Disease ..	M	11	—	—	—	2	4	5
	F	2	—	—	—	—	—	2
4. Diphtheria .. ..	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—
5. Whooping Cough ..	M	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—
6. Meningococcal Infections	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—
7. Acute Poliomyelitis ..	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—
8. Measles .. ..	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—
9. Other Infective and Parasitic Diseases .. ..	M	4	—	—	—	2	1	1
	F	—	—	—	—	—	—	—
10. Cancer of Stomach ..	M	36	—	—	—	1	11	24
	F	32	—	—	—	1	16	15
11. Cancer of Lung and Bronchus .. ..	M	77	—	—	—	1	41	35
	F	12	—	—	—	—	5	7
12. Cancer of Breast ..	M	—	—	—	—	—	—	—
	F	66	—	—	—	6	34	26
13. Cancer of Uterus ..	F	29	—	—	—	5	14	10
14. Other Malignant and Lymphatic Neoplasms..	M	146	—	—	1	15	38	92
	F	124	1	—	5	5	51	62
15. Leukæmia, Aleukæmia	M	9	—	2	—	1	3	3
	F	10	—	—	—	3	3	4
16. Diabetes.. ..	M	4	—	—	—	—	1	3
	F	15	—	—	—	—	2	13
17. Vascular Lesions of Nervous System .. ..	M	245	—	—	—	6	41	198
	F	336	—	—	—	1	43	292
18. Coronary Disease, Angina	M	276	—	—	—	7	94	175
	F	137	—	—	—	2	27	108

TABLE 2 (continued)—CAUSES OF DEATH

CLASSIFICATION	Sex	All Ages	0—	1—	5—	15—	45—	65—
19. Hypertension with Heart Disease .. .. .	M	42	—	—	—	—	13	29
	F	45	—	—	—	1	6	38
20. Other Heart Disease ..	M	250	—	—	—	10	42	198
	F	380	—	—	—	9	33	338
21. Other Circulatory Disease	M	56	—	—	—	—	12	44
	F	72	—	—	—	4	13	55
22. Influenza .. ..	M	13	1	—	—	—	5	7
	F	12	—	—	—	1	3	8
23. Pneumonia .. ..	M	64	4	—	1	1	16	42
	F	84	4	2	1	2	13	62
24. Bronchitis .. ..	M	124	4	1	—	3	32	84
	F	77	2	1	—	2	9	63
25. Other Diseases of Respiratory System .. ..	M	18	—	—	—	—	5	13
	F	11	—	—	—	1	3	7
26. Ulcer of Stomach and Duodenum .. ..	M	18	—	—	—	1	8	9
	F	8	—	—	—	—	4	4
27. Gastritis, Enteritis and Diarrhœa	M	4	1	—	—	—	—	3
	F	8	1	—	—	1	2	4
28. Nephritis and Nephrosis	M	18	—	—	1	3	5	9
	F	17	—	—	—	3	4	10
29. Hyperplasia of Prostate	M	21	—	—	—	—	1	20
30. Pregnancy, Childbirth, Abortion .. ..	F	1	—	—	—	1	—	—
31. Congenital Malformations .. .. .	M	9	6	—	—	1	1	1
	F	13	9	—	—	1	2	1
32. Other Defined and Ill-defined Diseases	M	120	35	1	—	9	26	49
	F	156	28	2	—	11	23	92
33. Motor Vehicle Accidents	M	29	—	—	2	10	9	8
	F	12	—	—	3	5	2	2
34. All Other Accidents ..	M	30	—	1	—	1	8	20
	F	44	2	—	—	2	2	38
35. Suicide .. .. .	M	16	—	—	—	7	3	6
	F	13	—	—	—	2	5	6
36. Homicide and Operations of War .. .. .	M	5	—	—	1	1	1	2
	F	1	—	—	1	—	—	—

TABLE 3

Table showing Population, Birth-rates, Death-  
Mortality rates of the 20 large towns

	Birmingham	Bradford	Bristol	Cardiff	Coventry	Croydon	Kingston upon Hull	Leeds
Registrar-General's estimated population .. ..	1,111,700	286,400	442,500	248,400	267,300	249,300	299,600	507,400
Comparability factor :								
(a) Births .. ..	0.94	1.00	0.99	0.94	0.95	0.99	0.96	0.98
(b) Deaths .. ..	1.14	0.97	0.96	1.07	1.27	0.90	1.15	1.08
Crude birth-rate per 1,000 population .. ..	16.01	16.20	14.76	16.85	16.09	13.4	18.07	15.0
Birth-rate as adjusted by factor ..	15.05	16.20	14.61	15.84	15.2	13.3	17.3	14.7
Crude death-rate per 1,000 population .. ..	11.27	14.01	11.77	11.39	8.7	11.4	10.8	11.5
Death-rate as adjusted by factor ..	12.85	13.59	11.30	12.19	11.0	10.3	12.4	12.4
Infantile mortality rate per 1,000 live births .. ..	23.71	28.58	19.14	33.21	27.9	21	26.4	25.4
Neo-natal mortality rate per 1,000 live births .. ..	16.24	17.81	12.71	19.34	17.9	13.47	15.7	17.8
Stillbirth rate per 1,000 total births .. ..	23.00	20.04	20.25	30.12	25.1	20.26	25.04	22.2
Maternal mortality rate per 1,000 total births .. ..	0.33	0.43	0.30	0.46	1.16	0.59	1.08	0.51
Tuberculosis rates per 1,000 population :								
(a) Primary notifications								
Respiratory .. ..	1.03	0.89	0.786	1.19	1.64	0.93	1.02	0.96†
Non-respiratory .. ..	0.11	0.09	0.104	0.18	0.13	0.11	0.09	0.17†
(b) Deaths								
Respiratory .. ..	0.19	0.10	0.118	0.19	0.16	0.140†	0.19	0.13
Non-respiratory .. ..	0.01	0.01	0.016	0.012	0.015	0.012†	0.013	0.01
<b>*Death-rates per 1,000 population from :</b>								
Cancer (all forms including Leukaemia and Aleukaemia)	2.06	2.37	1.993	2.07	1.6	2.190	2.04	2.11
Cancer of Lungs and Bronchus	0.44	0.46	0.371	0.399	0.38	0.477	0.45	0.54
Meningococcal Infections .. ..	0.00	0.01	—	0.016	0.007	0.01	0.006	0.01
Whooping Cough .. ..	0.00	—	0.002	0.004	—	0.00	0.006	—
Influenza .. ..	0.08	0.06	0.063	0.036	0.07	0.08	0.036	0.04
Measles .. ..	0.01	0.01	0.005	0.004	—	0.00	0.003	0.01
Acute Poliomyelitis and Encephalitis .. ..	0.00	0.01	0.002	0.008	0.004	0.02	0.003	0.00
Diarrhoea (under two years) ..	0.01	0.01	0.007	0.020	0.1	0.01	0.01	0.02
Diarrhoea (under two years) (per 1,000 live births) ..	0.85	0.66	0.46	1.19	0.7	0.28	0.55	1.18

\*Where no deaths have occurred at all, a "dash" is inserted.

Where the number of deaths is too small to express as a rate, the figures 0.00 are inserted.

TABLE 3

rates, Zymotic Death-rates, Infant and Maternal  
of England and Wales for 1955

Leicester	Liverpool	Manchester	Newcastle upon Tyne	Nottingham	Plymouth	Portsmouth	Salford	Sheffield	Southampton	Stoke-on- Trent	Sunderland
<b>286,300</b>	779,900	692,200	281,000	312,000	218,000	238,700	169,300	501,100	194,900	274,000	182,000
<b>0.99</b>	0.92	0.95	0.95	0.95	1.02	1.02	0.95	0.99	0.98	0.94	0.94
<b>1.02</b>	1.20	1.13	1.10	1.09	1.02	0.98	1.16	1.06	1.03	1.24	1.16
<b>14.80</b>	19.6	16.91	16.74	15.67	16.22	14.16	15.95	13.48	16.91	15.26	19.33
<b>14.65</b>	18.0	16.06	15.91	14.89	16.54	14.44	15.1525	13.35	16.57	14.34	18.17
<b>11.95</b>	11.9	12.68	12.37	11.28	10.93	10.77	12.30	11.84	10.01	11.4	10.62
<b>12.19</b>	14.3	14.33	13.61	12.30	11.15	10.55	14.268	12.55	10.31	14.13	12.32
<b>23.37</b>	30.0	28.37	33.58	28.00	20.65	23.96	30.00	23.68	19.42	31.0	38.08
<b>16.76</b>	20.3	18.37	23.17	16.76	14.71	18.64	21.85	16.73	13.05	21.77	24.44
<b>20.80</b>	26.0	26.45	23.05	24.91	20.22	26.50	35.03	25.39	23.12	29.26	25.74
<b>0.23</b>	0.57	0.75	1.45	0.60	0.83	0.29	0.71	—	—	0.697	0.83
<b>0.733</b>	1.39	0.96	1.33	1.14	1.06	0.69	0.809	0.91	1.498	1.23	1.18
<b>0.091</b>	0.15	0.11	0.24	0.10	0.09	0.07	0.112	0.10	0.108	0.099	0.13
<b>0.199</b>	0.24	0.19	0.17	0.17	0.19	0.08	0.224	0.216	0.164	0.263	0.16
<b>0.007</b>	0.02	0.02	0.014	0.01	0.00	0.01	0.024	0.022	0.026	0.025	0.02
<b>1.890</b>	2.05	2.28	2.27	2.02	1.90	1.97	2.103	2.16	1.934	1.87	1.92
<b>0.311</b>	0.52	0.56	0.54	0.43	0.31	0.36	0.543	0.48	0.421	0.328	0.38
<b>—</b>	0.00	0.004	0.007	0.006	0.00	0.00	0.006	0.00	—	0.015	0.005
<b>0.0035</b>	0.00	0.003	—	0.006	0.00	—	—	0.00	0.005	0.004	0.005
<b>0.087</b>	0.06	0.049	0.053	0.048	0.10	0.03	0.065	0.03	0.03	0.065	0.03
<b>—</b>	0.00	0.003	—	0.016	—	—	—	0.01	0.005	0.011	0.005
<b>—</b>	0.00	0.001	0.007	0.003	—	0.00	—	0.01	—	0.00	0.005
<b>0.007</b>	0.02	0.01	0.011	0.016	0.00	0.02	0.012	0.01	0.01	0.0033	0.06
<b>0.472</b>	1.24	0.60	0.637	1.02	0.57	1.18	0.741	0.74	0.61	0.24	3.12

†Less "Transfers". Respiratory 0.79. Non-respiratory 0.16. (Primary notification).

‡Departmental Figures. Respiratory 0.132. Non-respiratory 0.008. (Deaths).

TABLE 4

## MUNICIPAL WARDS. VITAL STATISTICS, 1955

	DEATHS					Infant Mortality per 1,000 live births	Births
	0 to 1 year	1 to 5 years	5 to 65 years	Over 65 years	Total all ages		
1. St. Margaret's ..	2	—	46	141	189	9.2	217
2. Latimer ..	7	—	73	184	264	28.3	247
3. Charnwood ..	5	—	51	142	198	26.0	192
4. Spinney Hill ..	4	1	56	188	249	21.6	185
5. Wycliffe ..	12	2	52	135	201	46.2	260
6. Castle ..	5	—	63	112	180	27.9	179
7. Westcotes ..	5	—	74	222	301	21.3	235
8. Newton ..	12	—	67	124	203	26.8	448
9. Abbey ..	8	—	54	93	155	27.5	291
10. Belgrave ..	8	1	66	146	221	31.0	258
11. Humberstone ..	5	—	81	168	254	15.2	330
12. Evington ..	6	2	42	122	172	28.6	210
13. Knighton ..	1	—	44	179	224	5.7	174
14. De Montfort ..	3	1	51	114	169	11.3	265
15. Aylestone ..	8	—	64	169	241	22.9	349
16. North Braunstone ..	8	1	64	124	197	25.8	310
Unknown ..	—	—	1	—	1	—	—

(Local Figures)

TABLE 5

Showing the number of Deaths from certain Infectious Diseases in the Fifteen Years 1941-1955

Disease	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
Measles ..	1	2	1	0	5	1	5	0	1	3	2	2	0	0	0
Scarlet Fever ..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Diphtheria ..	20	8	3	6	1	1	0	1	0	0	1	0	0	0	0
Whooping Cough ..	12	1	7	4	2	3	2	1	5	3	2	2	2	0	1
Diarrhoea } Under two															
Enteritis } years of age	28	45	25	25	43	76	83	19	6	7	5	5	4	4	2
Influenza ..	32	26	92	16	20	26	9	4	16	4	117	7	29	3	25
Puerperal Fever ..	1	4	4	3	1	1	0	0	3	3	0	0	0	0	0
Cerebro-Spinal Fever ..	10	9	4	1	2	4	2	3	1	2	2	0	4	4	0
Polio-myelitis ..	1	1	0	0	0	0	1	0	3	4	1	0	1	1	0
Encephalitis Lethargica ..	2	3	0	1	2	1	6	4	4	1	0	0	1	0	0
Pneumonia ..	168	109	133	112	147	148	146	93	128	99	137	114	128	99	148

**TABLE 6. DEATHS FROM CANCER, 1955**  
(TOTAL 542)  
(Calculated locally)

Tabulated as to Age, Sex and Organ Affected,  
in accordance with local classification

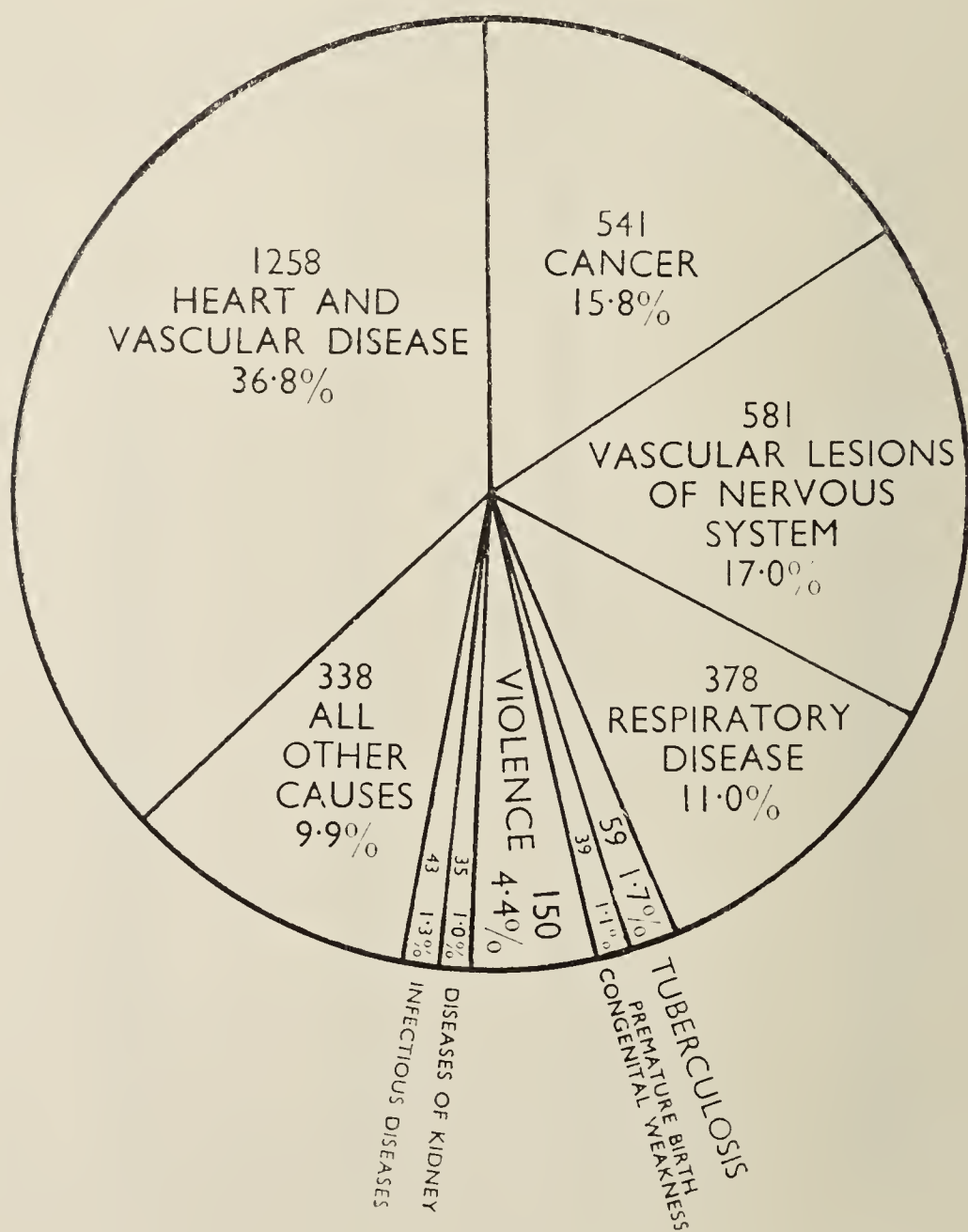
Organ Affected	Under 35 years		35-65 years		Over 65 years		All Ages	
	M.	F.	M.	F.	M.	F.	M.	F.
Lip .. ..	—	—	—	—	—	—	—	—
Tongue .. ..	—	—	2	1	2	1	4	2
Jaw .. ..	—	—	1	—	—	—	1	—
Mouth .. ..	—	—	—	—	—	—	—	—
Larynx .. ..	—	—	1	—	4	2	5	2
Oesophagus .. ..	—	—	2	1	3	2	5	3
Stomach .. ..	—	1	13	14	27	14	40	29
Intestines .. ..	—	—	1	—	—	—	1	—
Colon .. ..	1	—	10	9	11	15	22	24
Rectum .. ..	—	—	2	6	13	11	15	17
Liver .. ..	—	—	1	2	3	5	4	7
Pancreas .. ..	—	—	4	1	—	2	4	3
Spleen .. ..	—	—	—	—	—	—	—	—
Lungs .. ..	—	—	41	6	35	7	76	13
Kidney .. ..	—	2	1	2	—	2	1	6
Bladder .. ..	—	—	5	3	11	1	16	4
Prostate .. ..	—	—	2	—	21	—	23	—
Testicle .. ..	—	—	1	—	—	—	1	—
Ovary .. ..	—	—	—	12	—	6	—	18
Uterus .. ..	—	3	—	14	—	11	—	28
Breast .. ..	—	1	—	37	—	25	—	63
Bones .. ..	—	—	—	—	2	1	2	1
Other Forms or not specified ..	7	8	20	25	23	19	50	52
Total ..	8	15	107	133	155	124	270	272

**TABLE 7**  
**CANCER STATISTICS, 1925-55**  
(Calculated locally)

Year			Total Cancer Deaths	Cancer Deaths —per cent. of Total Deaths	Cancer Death- rate per 100,000 Population
1925	..	..	318	10.1	131
1926	..	..	395	13.2	163
1927	..	..	324	10.6	132
1928	..	..	349	12.7	142
1929	..	..	357	10.4	145
1930	..	..	372	13.5	151
1931	..	..	357	11.9	148
1932	..	..	356	11.8	148
1933	..	..	367	11.9	152
1934	..	..	377	13.3	156
1935	..	..	384	12.9	150
1936	..	..	392	12.9	150
1937	..	..	366	11.2	139
1938	..	..	417	14.1	158
1939	..	..	423	14.0	161
1940	..	..	447	11.9	172
1941	..	..	471	14.5	177
1942	..	..	465	15.9	179
1943	..	..	487	15.0	191
1944	..	..	519	16.9	202
1945	..	..	496	15.9	193
1946	..	..	504	15.3	187
1947	..	..	492	14.7	178
1948	..	..	526	17.4	188
1949	..	..	509	15.5	180
1950	..	..	561	16.9	195
1951	..	..	579	16.4	203
1952	..	..	593	18.2	207
1953	..	..	527	16.4	184
1954	..	..	583	17.9	202
1955	..	..	542	15.8	189

# PROPORTION OF DEATHS FROM PRINCIPAL CAUSES, 1955

TOTAL DEATHS, 3,422



## SECTION B

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### **Miscellaneous Health Services**

In this Section reports will be found on the following services :

- (a) Water Supplies
- (b) Cremation
- (c) City Ambulance Service
- (d) Mental Health Service
- (e) Home Nursing Service
- (f) Care and After-Care, Health Education
- (g) Venereal Disease
- (h) Section 47, National Assistance Act
- (i) Children, neglected or ill-treated in their own homes
- (j) Health of children—Prevention of break-up of families
- (k) Blind Persons
- (l) Housing

## WATER SUPPLIES

I am indebted to Mr. H. Wallhouse, A.M.I.C.E., M.I.W.E., M.Asce., A.M.I.Mech.E., Water Engineer, for the report on the work of his Department during 1955.

Mr. Wallhouse reports as follows :

- “(1) The water supply in the Statutory Area has been of good quality and adequate in quantity.
- “(2) Samples taken from local reservoirs have been analysed by the City Analyst—both bacteriologically and chemically—and his reports have been satisfactory. Details of this work are given by the Analyst himself in his section of the Report. It is, therefore, only necessary for me to say that he approved all the samples submitted of chlorinated water as of good potable quality and all filtrated samples as satisfactory, if subjected to chlorination treatment.
- “(3) Apart from the analyses made of the raw waters, analyses have also been made—regularly and at random—of samples taken from within the area, by both Health Department and Water Department officers. Again the Analyst has reported favourably.
- “(4) There are approximately 131,639 houses in the Area of Supply. Of these, it is estimated that 2,000 are supplied through communal taps fixed in yards. The population supplied is estimated to be 440,000. This has been based on the 1951 Census”.

## CREMATION

I am indebted to Mr. E. H. Marsh, Superintendent Registrar, for the following information, which is extracted from his Annual Report. For fuller details of the history of cremation in Leicester, see my Annual Report for 1954.

There are now 82 Crematoria in operation in Great Britain, an increase of nine during the last year. Gilroes Crematorium has served for 53 years to date. The total number of cremations in 1955 was 1,748, an increase of 242 on the previous year. Up to the end of 1955, no less than 14,656 cremations had been carried out in Leicester since 1902.

## CITY AMBULANCE SERVICE

(Mr. J. E. OSWELL, F.I.C.A.P.)

Chief Ambulance Officer.

At the commencement of the National Health Service Act in 1948, it was anticipated that once the availability and the free nature of the ambulance service became known, the demand for transport would steadily grow, and this indeed happened, calls increasing from 62,091 in 1949 to 83,994 in 1953, when the maximum figure was reached. The road mileage also increased at first during the same period, though not to the same extent—379,050 miles in 1949 to 391,509 miles in 1953. Most fortunately there has now been a levelling off in demand and this year the calls, other than children to the Occupation Centre, were only very slightly more than the year before, 83,925 compared to 82,780.

In 1954, on the installation of wireless, the introduction of new sitting case vehicles and because more patients were conveyed by train, the mileage decreased to 355,971. This year there has been a further saving, the total miles travelled being only 328,458, which is 27,513 less than last year, and 50,592 less than in 1949, when the total number of calls was only 62,091.

I think it will be agreed that the stabilisation of the demands on the service and the very considerable reduction in mileage are most satisfactory. I wish to thank the hospital staff and general practitioners, who in the main request ambulances, for their most helpful co-operation which has undoubtedly largely contributed to these satisfactory results.

### Ministry of Health Advisory Survey

Ministry of Health officers undertook a survey of the service on August 10th. Before the survey they had had a comprehensive report on the service including personnel, organisation, operational arrangements and costs and an analysis of the work undertaken, including a 24-hour survey of the movement of vehicles and the availability of staff and their activities.

Following the survey a letter was received from the Ministry stating that the Minister was very gratified to note from his adviser's report that he was of the opinion that the service was efficient and well organised. He was also glad to note the close liaison with the County Ambulance Service and the good relations which exist between the Council's ambulance service and the general practitioners and hospital authorities it serves. It was noted that the appointment of a transport officer at the Leicester Royal Infirmary and the proposed structural

adaptations at this hospital should be of material assistance to the Ambulance Service.

## Vehicles

The vehicles in the service are as follow :

- 17 Ambulances
- 5 Sitting Case Ambulances
- 2 Sitting Case Cars
- 1 Service Van

In addition there are :

- 5 Civil Defence Ambulances

Most of the vehicles were purchased during 1948 and 1949. A great deal of work is required to keep them in first-class condition and consideration will have to be given to the replacement of some of them during the year 1957.

The mechanics also maintain the following Health Department vehicles :

- 6 Cars
- 4 Vans
- 5 Scooters
- 2 Auto Cycles
- 22 Cyclemasters
- 40 Pedal Cycles
- 1 Mobile Clinic
- 1 Electric Hand Truck

## Personnel

The strength of the Service is :

			<i>Strength 31st Dec.</i>	<i>Establishment</i>
Chief Ambulance Officer	..	..	1	1
Station Officers	..	..	2	2
Wireless Control Officer	..	..	1	1
Driver/Attendants	..	..	57	58
Female Attendants	..	..	7	10
Mechanics	..	..	4	4
Telephonist	..	..	1	1

				<i>Strength 31st Dec.</i>	<i>Establishment</i>
Canteen Assistant ..	..	..	..	1	1
Clerks ..	..	..	..	2	2
Shorthand Typist	..	..	..	1	1
Boiler-Handyman ..	..	..	..	1	1
Coachpainter ..	..	..	..	1	1
				—	—
				79	83
				—	—

## Civil Defence

The training of Civil Defence volunteers during the year has been carried out on similar lines to last year, the strength being 250 volunteers. Training is carried out at the Ambulance Station each Monday and Thursday and exercises from time to time on occasional Sundays.

## Transport of Milk to the Human Breast Milk Bank

This work continues to be carried out daily by the Ambulance Service as in the past.

## Leicester Medical Practitioners' Telephone Service

I have to report that more use of this service is now being made by local doctors and I am sure that this service is one of the factors responsible for the closer co-operation between general practitioners and the Ambulance Service.

## Conclusion

To conclude, I am sure that this has been the most progressive and satisfying year since the National Health Service Act came into force in 1948 and it is most gratifying to note that the average miles per call has now dropped to below four.

The following table gives, for each year since 1948 :

- (a) Vehicle calls and mileage by road other than to the Occupation Centre.
- (b) Patients conveyed by train and train mileage, and
- (c) Children conveyed to and from the Occupation Centre—  
with averages in each category.

	1948	1949	1950	1951	1952	1953	1954	1955
<b>Vehicle "Calls" by Road :</b>								
City Ambulance Service.. ..	28,161	49,879	69,319	74,357	78,410	82,253	80,687	81,358
St. John Ambulance Committee ..	178	609	2,351	4,418	1,677	1,676	1,940	2,325
Leicester and County Convalescent Homes Society .. ..	*8,322	11,603	†1,897	—	—	—	—	—
<b>TOTALS .. ..</b>	<b>36,661</b>	<b>62,091</b>	<b>73,567</b>	<b>78,775</b>	<b>80,087</b>	<b>83,929</b>	<b>82,627</b>	<b>83,683</b>
<b>Mileage by Road :</b>								
City Ambulance Service.. ..	147,765	283,141	358,383	356,622	364,883	386,018	349,727	320,812
St. John Ambulance Committee ..	4,217	11,599	8,511	10,665	6,798	5,491	6,244	7,646
Leicester and County Convalescent Homes Society .. ..	*44,888	84,310	†12,202	—	—	—	—	—
<b>TOTALS .. ..</b>	<b>196,870</b>	<b>379,050</b>	<b>379,096</b>	<b>367,287</b>	<b>371,681</b>	<b>391,509</b>	<b>355,971</b>	<b>328,458</b>
<b>Average Miles per Patient by Road .. ..</b>	<b>5.37</b>	<b>6.10</b>	<b>5.15</b>	<b>4.66</b>	<b>4.64</b>	<b>4.66</b>	<b>4.31</b>	<b>3.92</b>
<b>Patients Conveyed by Train :</b>								
Patients conveyed by train .. ..	—	—	—	—	103	65	153	242
Number of miles travelled by train ..	—	—	—	—	14,628	12,862	23,278	31,625
Average miles per patient by train..	—	—	—	—	142.0	197.9	152.1	130.7
<b>Children Conveyed to and from the Occupation Centre :</b>								
Children to and from the Occupation Centre .. ..	—	5,772	14,363	16,525	18,788	22,239	25,142	23,847
Mileage .. ..	—	4,800	9,385	10,360	11,129	17,685	16,506	15,681
Average miles per child .. ..	—	.83	.65	.63	.59	.79	.66	.66

\*Denotes three months only.

†Denotes six months only.

The average miles per patient for 1948 was 5.37. In 1949 it had reached 6.1. In 1950 it fell to 5.2 and then remained stationary at 4.6 to 4.7 from 1951 to 1953. The figure for 1954 was 4.3 and this year it has dropped to 3.9 even though much of our work is from the new estates which lie near the city boundary, entailing additional mileage.

The following table gives the difference in the numbers of calls between 1954 and 1955 for various types of case.

	Total Calls, 1955	Total Calls, 1954	Increase of 1955 over 1954	Decrease of 1955 from 1954
Out-patients .. ..	52,707	52,631	76	—
Admissions and Transfers	8,824	8,536	288	—
Discharges and Convales- cence .. ..	11,561	10,932	629	—
Maternity .. ..	1,777	1,872	—	95
Mental .. ..	152	175	—	23
Dead on Arrival ..	293	302	—	9
Infectious .. ..	175	205	—	30
Accidents (Road) ..	730	686	44	—
Accidents (Others) ..	1,521	1,357	164	—
Premature Cot .. ..	39	43	—	4
Other Authorities ..	118	141	—	23
Chargeable Transport ..	109	127	—	18
Gas and Air .. ..	3,267	3,455	—	188
Transport .. ..	1,474	1,235	239	—
Abortive .. ..	936	930	6	—
Number of Calls .. ..	83,683	82,627	1,056	—
Mileage .. ..	328,458	355,971	—	27,513
Average miles per call ..	3.925	4.308	—	.383
Children to the Occupation Centre .. ..	23,847	25,142	—	1,295
Mileage .. ..	15,681	16,506	—	825
Average miles per child ..	.658	.657	.001	—
Total Calls .. ..	107,530	107,769	—	239
Total mileage .. ..	344,139	372,477	—	28,338
Average miles per patient	3.200	3.456	—	.256
Patients conveyed by train	242	153	89	—
Number of miles travelled by train .. ..	31,625	23,278	8,347	—
Average miles per patient by train .. ..	130.7	152.1	—	21.4

It will be noted that even though there has been a levelling of calls, there is still an increase in some aspects of the work carried out for

hospitals—"Admissions and Transfers" having increased by 288, and "Discharges and Convalescence" by 629. It is pleasing to note that there is hardly any change in the number of "Out-patients".

The other increases of note are the larger number of "Accidents" both "Road" (44) and "Others" (164) and in "Transport" (239)—the reason for the last being the towing of the Mobile Clinic to various sites each day, and greater calls on the service to take specimens to the Public Health Laboratory during the outbreaks of sonne dysentery.

The decrease in the number of children carried to and from the Occupation Centre is due to the breakdown of the 32-seater coach at the end of November, 1955, when it was decided that part of the work would be carried out by a private firm with two coaches. This did, however, increase the number of female attendants used for this work from two to three, but the advantage was that the children were able to be at the Centre for a longer period each day.

During the year more use has been made of trains for conveying patients. This is a good trend as it is considerably cheaper to send patients by train than by road. Two-way radio is still playing a big part in both efficiency and the saving of time and mileage. Both the main transmitter/receiver and the mobile sets have given very satisfactory results and have been well maintained.

## MENTAL HEALTH SERVICE

(Mr. S. A. GOODACRE, Mental Health Officer)

### (i). Administration

#### (a) *Constitution of Meetings of the Mental Health Sub-Committee*

To the members of the Council who combine and serve on the Mental Health Sub-Committee are added three co-opted members, one of whom is the Medical Superintendent of the Towers Mental Hospital representing No. 3 Hospital Management Committee, one represents the Local Medical Committee and one the Executive Council.

#### (b) *Staff*

The Medical Officer of Health is directly responsible for the administration of the Service and he has, in addition, the part-time service of a Medical Officer experienced in Mental Deficiency Work whose main duties concern the periodic examination of pupils at the Occupation Centre. The Deputy Medical Officer of Health interests himself a great deal in the working of the department and acts as ascertainment officer with reference to mental defectives.

#### *Staff at Charles Street*

At the commencement of the year the staff of the Department at Charles Street consisted of the Mental Health Officer, the Deputy Mental Health Officer, and four Mental Health Visitors. Assistance with the clerical work and administration is provided by two general clerk/typists.

The Mental Health Officer is responsible for the day-to-day administration of the Department, including the organisation and management of the Occupation Centre and the co-ordination of the many and varied duties performed by the officers of the Department. In this he is assisted by the Deputy Mental Health Officer and both are designated to enable them to act as Duly Authorised Officers under the Lunacy and Mental Treatment Acts, and Mental Health Visitors under the Mental Deficiency Acts.

For the purpose of Community Care of the mentally ill and the supervision and care of the mental defectives, the city is divided into five areas, the Deputy Mental Health Officer and the four Mental Health Visitors each being responsible for an area, within which they deal with all forms of supervision, care and after-care. With the exception of one of the Mental Health Visitors, who is a woman, all are designated as Duly Authorised Officers under the Lunacy and Mental Treatment Acts. All five area officers are authorised to present

Petitions and to perform all relevant duties under the Mental Deficiency Acts. A 24-hour day service is provided for mental health emergencies, and a duty rota is maintained, the responsibility for this being shared between the Mental Health Officer, his Deputy and the three male Mental Health Visitors. The details of this rota are passed to the City Ambulance Service, which Department co-operates by promptly supplying the enquirer with the name, address and telephone number of the duty Mental Health Officer during nights, week-ends, bank holidays, etc., and this system has proved itself to be very satisfactory.

No academic qualifications are held which specially qualify the Mental Health Visitors as such. No training schemes, specially for Duly Authorised Officers or Mental Health Visitors, are at present able to provide such officers with academic qualifications. Training schemes are being planned by their appropriate vocational associations, and it is possible that qualifications will be available in the near future. In the meantime, the area group of the Society of Mental Welfare Officers and the Association of Teachers of the Mentally Handicapped combine to arrange lectures, instructive talks, and hospital visits, and the keenness of the staff is such that no opportunities are lost to improve their knowledge of work in the mental health field. The Midland Mental Deficiency Society has six members in this Department, and the meetings of this Society have been extremely valuable in providing similar educational facilities.

A vacant establishment exists for a Psychiatric Social Worker and pending an appointment this case load has been distributed amongst the other Mental Health Visitors.

#### *Staff at the Occupation Centre*

At the end of the year the staff consisted of Mrs. M. V. Taylor (N.A.M.H. Diploma) and four Assistant Supervisors (unqualified). Three of the Assistant Supervisors have had previous experience in the nursing, care and training of mentally handicapped children and one is qualified in and has experience with handicrafts.

Two cooks (one part-time assistant) are also employed.

#### *(c) Co-ordination with Regional Hospital Board and Hospital Management Committee*

Two members of the Mental Health Services Sub-Committee are members of the Hospital Management Committee concerned with the hospitalisation of the mentally ill and mentally deficient persons in the area. The Deputy Medical Officer of Health is a co-opted member of the Sub-Committee that deals more particularly with Mental Deficiency.

The Medical Officer of Health is an appointed visitor of Licensed Houses under the Lunacy Acts and of Certified Institutions under the Mental Deficiency Acts and he regularly attends the quarterly meetings when Orders are reconsidered.

The Medical Superintendent of the Glenfrith Hospital for Mental Defectives readily acts in an advisory capacity on problems bordering on and within the Mental Deficiency fields. Clinics are held at the Mental Health Offices in Charles Street, and visits made to the homes where necessary, and parents and their children are seen. The Mental Health Officer and Visitors find helpful advice readily forthcoming from this source. There are cases where doubt arises when ascertaining a mental defective and the Medical Superintendent is always ready to arbitrate and give expert knowledge when and where desired.

The Medical Superintendent of the Towers Hospital, already mentioned as a member of the Mental Health Sub-Committee, is also accessible, as are the Consultant Psychiatrists and Medical Staff of the Mental Hospital, to advise on problems arising in the field of mental illness. A weekly case conference is held at the Towers Hospital to which this Department's Officers have access.

Overlapping of the Hospital Social Workers and those from this Department is reduced to a minimum because of the close co-operation maintained. The tendency is always to remove the demarcation line of the respective fields and co-ordinate the work to a common aim. The whole of the responsibility for Community Care and After-Care of the mentally ill and the mentally deficient is shared between the Officers of the Mental Health Department and the Social Workers of the Hospitals, and no duties are delegated to voluntary associations. Officers of the Department work closely with other social agencies, however, and a great deal of assistance is obtained from welfare workers of voluntary bodies.

The supervision of patients on licence from hospitals for mental defectives is similarly shared between officers of the Hospital Management Committee and the Local Health Authority; these duties include visits in respect of the renewal of Orders of patients on licence and reports and supervision of patients on leave.

## **(ii) Account of work undertaken in the Community**

### **(a) *Under Section 28, National Health Service Act, 1946***

#### ***Prevention, Care and After-Care***

In the initial stages of referral, the whole of the domiciliary work of the Department is carried out under this Section.

A total number of 1,216 persons were dealt with during 1955 who were either suffering, or alleged to be suffering from mental illness or mental defectiveness. 559 of these are explained more particularly in the section of this report which relates to Mental Treatment, and 657 are analysed in the section concerning Mental Deficiency. Comparable figures for 1954 are 1,109, 459 and 646.

*(b) Lunacy and Mental Treatment*

On 1st January, 1955, there were 252 persons receiving help and advice in the Community either as observation or after-care cases. During the year a further 307 persons were referred, making a total of 559 persons who were dealt with. Of this total, 213 were admitted to hospital :

	1955	1954	1953	1952	1951	1950
Summary Reception Order (Lunacy Act, 1890, Sections 14, 15 and 16) ..	66	108	145	146	129	114
Urgency Order (Lunacy Act, 1890, Section 11) .. .. .	4	12	13	17	15	14
Three-day Order (D.A.O.) (Lunacy Act, 1890, Section 20) .. ..	124	42	14	5	—	—
Fourteen-day Order (J.P.) (Lunacy Act, 1890, Section 21 (1) ) ..	3	—	—	—	—	—
Voluntary (Mental Treatment Act, 1930, Section 1) .. .. .	14	4	15	18	16	11
Temporary (Mental Treatment Act, 1930, Section 5) .. .. .	2	4	4	3	4	8
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	213	170	191	189	164	147
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Nearly all the cases dealt with by admission to hospital were initially referred to the department's officers by the patient's usual medical practitioner. In instances where the source of referral is otherwise, a general practitioner is brought into the case before action is taken.

In all cases dealt with, whether by hospital admission or not, the approval of the patient's usual medical practitioner and the consent of the patient's relatives are sought and their joint consent invariably obtained before officers of the department actively work on the problem.

Expediency is one of the factors justifying the use of either Section 20 or Section 11 (Urgency Orders), but whereas an Urgency Order remains in force for seven days after its date, Section 20 action limits the detention to a maximum of three days, but may, where necessary, be further extended by the Medical Superintendent of the Hospital by an additional period of 14 days. There are numerous factors which must

The following statistics relate to persons referred to the Department during 1955 who were suffering, or alleged to be suffering from Mental Illness

Age ..	Men							Total Men	Women							Total Women	Total (1954)			
	Under 20	20-29	30-39	40-49	50-59	60-69	70-79		80 plus	Under 20	20-29	30-39	40-49	50-59	60-69			70-79	80 plus	
Sec. 16 L.A. 1890 (Certified)	-	2	3	5	2	5	4	2	23	1	1	6	7	8	13	6	3	45	68	(108)
Sec. 1 M.T.A. 1830 (Voluntary) ..	1	3	3	3	-	1	-	-	11	-	-	-	1	2	5	-	-	8	19	(4)
Sec. 11 L.A. 1890 (Urgency) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(12)
Sec. 20 L.A. 1890 ..	2	5	18	13	5	10	7	-	60	2	9	14	14	9	10	2	4	64	124	(42)
Sec. 5 M.T.A. 1930 (Temporary) ..	-	-	-	-	-	-	2	-	2	-	-	-	-	-	-	-	-	-	2	(4)
After Investigation Community Care .. Referred to Welfare Department .. Referred back to General Practitioner No Action ..	-	4	5	7	4	2	3	-	25	-	1	5	7	7	10	7	3	40	65	(66)
	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	3	1	4	5	(14)
	-	2	2	-	-	-	-	-	4	-	-	-	-	-	-	2	1	3	7	(—)
	-	-	1	1	-	-	-	1	3	-	-	1	7	1	3	2	-	14	17	(18)
Totals ..	3	16	32	30	11	18	16	3	129	3	11	26	36	27	41	22	12	178	307	(268)
(1954) ..	(4)	(11)	(14)	(24)	(16)	(21)	(19)	(3)	(112)	(3)	(14)	(20)	(21)	(29)	(36)	(28)	(5)	(156)	(268)	

The above statistics include the subsequent re-classification of 7 patients, 4 of whom were admitted in accordance with Sec. 11 and 3 under Sec. 21 (1) of the Lunacy Act, 1890

be taken into account before the more suitable instrument of admission is decided, but it is thought that in the main, the advantages of Section 20 are in the interests of the patients themselves. The increased use of Section 20 as a means of admission to hospital is a very big step forward towards a happier future for the treatment of the mentally ill. In many such cases the patient receives treatment earlier than he perhaps would have done if he had remained at home until certifiable. After admission he recovers sooner without the need, in the majority of instances, of certification. The patient is grateful and the patient's relatives are most appreciative, all of which results in more co-operation and an improvement in social relationships which progressively will lead to the banishment of the stigma of mental illness yet remaining with the general public. The following statistics relate to the 124 patients dealt with by initial admission under that Section of the 1890 Act.

	Became Voluntary patients	Died	Dis- charged	Certified	Total
Within 3 days ..	26	—	4	3	33
After 3 days, plus Sec. 21(a) exten- sion of 14 days	62	3	9	17	91
Total ..	88	3	13	20	124

The number of voluntary patients admitted may be considered to be surprisingly small, but to arrive at the true figure of those admitted to the Towers Mental Hospital under this section of the Mental Treatment Act, one would need first to add 88, the number of patients who were admitted initially under Section 20 and who subsequently became voluntary patients and a further 340 patients who applied for admission at the Hospital either alone or with a relative. In the latter instance such cases are not accompanied by a Mental Health Officer but some seek admission because of advice given to them by Officers of the Department. No record is maintained of fully co-operative would-be patients, and such admissions and discharges are not notified to the Department by the Towers Mental Hospital.

### Community Care

The majority of patients who were admitted to hospital were initially referred either by the patient's own general practitioner or from local hospitals. Those cases which were not admitted but who received community care originated from a greater variety of agencies and during the year were as follow :

From General Practitioners .. .. .	16		
„ Towers Hospital .. .. .	10		
„ Other Hospitals .. .. .	10		
„ Other Authorities .. .. .	4		
„ Relatives .. .. .	11		
„ Friends or Neighbours .. .. .	8		
„ Police .. .. .	14		
„ Welfare, Housing, National Insurance, National Assistance, Ministry of Health, Health Visitors .. .. .	15		
By the patients themselves .. .. .	3		
Miscellaneous sources .. .. .	3		
		94 referrals	
	1955	1954	1953
Those persons having community care (including observation, preventive or after-care) on January 1st, 1955 .. .. .	252	191	88
Persons referred during the year .. .. .	94	98	103
	—	—	—
Total .. .. .	346	289	191
Those referred to the Welfare Department .. .. .	5	14	—
Satisfactory cases—no further action proposed .. .. .	33	23	—
Those persons needing Community Care on December 31st .. .. .	308	252	191
	—	—	—

Practically all of those persons suffering from mental illness of such a nature as to require community care, either as a preventive measure to avoid the need for hospital treatment or as after-care and rehabilitation following hospital care, are theoretically considered to constitute the case load of the Psychiatric Social Worker. A vacant establishment for this officer existed throughout the year and temporarily, first as an emergency measure early in 1954, this case load has been distributed amongst the already fully extended Mental Health Visitors.

The attitude of the public towards mental ill-health, the need for advice and early treatment is causing greater demands on the service which the department provides.

There is now a constant case load of 638 mentally defective persons needing some form of supervision, to which must be added the day-to-day referrals of new mentally deficient persons (68 cases during last year) and similar referrals of the mentally ill (307 during 1955). This total is the high but normal case load for distribution between the five Mental Health Visitors and to this is now added, owing to the vacant establishment of a Psychiatric Social Worker, 308 Community Care mentally sick persons, many of whom require attention to prevent the need for hospital care.

It is important that every one of these Community Care cases receives attention but available time will allow only for adequate help in the more necessitous circumstances. The extra case load on the Mental Health Visitors is overtaxing their ability to deal properly with the other sections of their work despite the expenditure of more and more of what should be their free time endeavouring to meet the demands of the more urgent cases.

I would stress that it is vitally necessary that the team be strengthened and when doing so it is considered unlikely whether now, one Psychiatric Social Worker will fully meet the need.

(c) *Under Mental Deficiency Acts, 1913-1938*

Analysis of cases dealt with during the year :

			<i>Cases on</i>	<i>During Year</i>		<i>Cases on</i>
			<i>Jan. 1st,</i>	<i>Additions</i>	<i>Removals</i>	<i>Dec. 31st,</i>
			1955			1955
Statutory Supervision	..		437	28	7	458
Voluntary Supervision	..		94	9	2	101
After-care and miscellaneous cases	..	..	40	10	2	48
Licence	..	..	17	21	8	30
Guardianship	..	..	1	—	—	1
Total (1955)			589	68	19	638
(1954)	..	..	575	61	47	589
(1953)	..	..	562	86	73	575
(1952)	..	..	537	47	22	562
(1951)	..	..	491	77	31	537

Of the cases referred during the year, 23 were from the Local Education Authority. Fourteen of those concerned ineducable children excluded from the provisions of the Education Act, and nine were considered likely to require supervision after leaving school.

## Mental Deficiency Hospital Care

### *Temporary Care (Circular 5/52)*

Since the opportunity was originally created in 1952 to enable a mental defective to be admitted for short-term care in a Mental Defective Hospital the requests for such care have been made to the Glenfrith Hospital.

During 1955 we were granted facilities by the Physician Superintendent to enable such care to be given in 16 instances, so providing care for an aggregate period of over 50 weeks. This care was sought in some instances because of an emergency in the family situation, a mother to hospital is not an infrequent cause of such an emergency. More than half of those admitted were to enable the parents of a difficult defective to have a holiday free from the care of their problem child. In the latter type of admission application usually needs to be restricted to a period of two weeks because of the shortage of available accommodation. In cases of emergency such hospital care can be given for a period not exceeding eight weeks.

Particular consideration is given to those cases long on the waiting list for more permanent care.

During 1952 Temporary Care was given in 4 instances

„	1953	„	„	„	10	„
„	1954	„	„	„	15	„
„	1955	„	„	„	15	„

Accommodation only becomes available when the hospital's own patients are temporarily absent. In consequence every application for temporary care cannot be provided for but the successful applications represent approximately 75% of the total applications made.

*More permanent Hospital care (dealt with by Petition or Patients admitted under Certificate)*

The total number of admissions made to Mental Defective Hospitals during 1955 was 18.

One of these was on behalf of another Authority and the admission was to a Mental Deficiency Hospital other than the Glenfrith.

The 17 other patients were all admitted to the Glenfrith Hospital, three of them caused by sudden emergency. Twelve cases were from those names on the Community Care waiting list for vacancies. Two were admissions from the Towers Hospital, both being agreed exchanges of patients.

*Waiting List for Mental Deficiency Hospital Care*

When the year commenced there were 23 names on this waiting list.

There were 12 names removed from this list when vacancies were given and 12 new names were added to it during the year.

Names are only added to this waiting list when there is some real emergency of need. A name is not included where the care and control at home is considered reasonable or where opposition is likely to arise if hospital care were proposed.

### *Training*

The Occupation Centre continues for the present to be housed in the premises leased from the Trustees of the Fosse Road Methodist Church, and provides not only for the training of children excluded from school, but also has to serve as a Handicraft Centre for pupils over the age of 16 years.

Periodic examinations of the pupils are made by a Medical Officer and emergency dental treatment is arranged. The School Health Service is always ready to be helpful and will see the children at the School Clinic. A weekly visit is made to the Centre by a Health Visitor and every effort is made to ensure that the children have as much care and attention as is necessary. The Centre is open during Primary School days and administratively follows, as closely as possible, the school arrangements made for normal children. The pupils attending are given a mid-morning beverage, usually one-third pint of milk, and the main mid-day meal is provided, for which a part charge of 6d. a day per pupil is made. Transport of the children to and from the Centre is provided by the Mental Health Department's own two vehicles, one a 32-seater coach, and the other a converted ambulance which seats 18 pupils, and both of these vehicles are adapted to suit their special needs. Each vehicle does two inward and two outward journeys each school day. The vehicles are staffed by the City Ambulance personnel and they are serviced at the Ambulance Station.

### *Attendance*

The number of pupils on the register in January, 1950 = 30				
"	"	"	"	" 1951 = 51
"	"	"	"	" 1952 = 64
"	"	"	"	" 1953 = 73
"	"	"	"	" 1954 = 84
"	"	"	"	" December, 1955 = 85

There were no serious epidemics affecting the children, and during the year there were 13,207 actual attendances out of a maximum 16,196, resulting in an average of 81.54%, almost 70 pupils per day.

New premises are in the course of construction so as to deal more adequately with the increasing numbers needing training. The attendance register in the new school is expected to be increased to more than 120 pupils.

# **HOME NURSING SERVICE**

## **Senior Superintendent's Report for the Year 1955**

Miss A. RATCLIFFE, S.R.N., S.C.M., Q.N.S.

This is the second year of the Local Health Authority's direct administration of the Service.

During the year the establishment was increased to an equivalent of 51 full-time nurses, thus allowing for further development of the Service. At present the nursing is provided between 8.30 a.m. and 10.30 p.m., a full complement of staff being on duty from 8.30 a.m. to 7 p.m. and a skeleton staff operating from 7 p.m. to 10.30 p.m. for emergency nursing and late injection treatment. It has not been possible to extend the Service to cover the full 24 hours as it would mean a further increase in establishment, but at some future date it is hoped to organize and operate a night nursing service.

Due to the situation of the new housing estates on the outskirts of the city, to the tendency for nurses to become non-resident, and to the increased employment of married nurses, the Committee reviewed the situation of the Homes and accommodation provided. In 1954 it had been decided to close the Aylestone Home and when a service tenancy house became available on the Eyres Monsell Estate, a Queen's Nursing Sister was appointed, occupying the house on 1st March, 1955. The Aylestone Home, 346 Aylestone Road, was closed on the 30th June, 1955, the work being transferred to the Central and West End Homes. There has been no difficulty in organising the nursing work, all general practitioners and hospitals being previously notified of the change.

With the co-operation of the Housing Committee, who have made houses available, nurses will soon be resident on the Goodwood, Netherhall, Mowmacre, and Braunstone Frith Estates. We are most grateful to the Housing Committee for their help. It will be advantageous to the Service for the nurses to live in the areas in which they work, as they will be more readily available and travelling time will be saved, the number of staff being used to better advantage.

### **Belgrave Home, 129 Loughborough Road**

In 1954 the Committee decided that this Home should be closed, provided other suitable accommodation could be obtained. This was not found possible. Therefore, it was decided to maintain the Nursing Service at this address and convert the remainder of the Home into four furnished flats to be rented to the staff on a service tenancy basis. The flats are now completed and will be occupied early in 1956.

Adequate accommodation is provided for the district service consisting of district room, duty room, office, drying room, wash-house and rest room for use of all the staff. The district room is being modernised and equipped to meet present-day requirements. In this area all staff are now non-resident.

Particulars of the Homes and service tenancy houses are as follow :

### Homes

*Central Home* : 96 New Walk. Tel. No. 5315.

Superintendent : Miss E. O. Ashton, S.R.N., S.C.M., H.V.Cert., Q.N.Cert.

Assistant Superintendent : Miss M. Hughes, S.R.N., S.C.M., H.V.Cert., Q.N.Cert.

*West End Home* : 62-68 Valence Road. Tel. No. 34350.

Superintendent : Miss F. G. Markwell, S.R.N., S.C.M., H.V.Cert., Q.N.Cert.

### Non-residential Home

*Belgrave Area* : 129 Loughborough Road. Tel. No. 61335.

Superintendent : Miss E. Kelly, S.R.N., S.C.M., H.V.Cert., Q.N.Cert.

### Service Tenancy Houses

*Eyres Monsell Estate* : 1 Tovey Crescent. Tel. No. Wigston 3513.

Nursing Sister : H. M. Rose, S.R.N., Q.N.Cert.

*New Parks Estate* : 2 Hoball Close. Tel. No. 87795.

Nursing Sister : J. Sansom, S.R.N., S.C.M.

### Training of District Nurses—Queen's District Nursing Training

There is one approved centre in Leicester, at the Central Home, 96 New Walk, where two courses are held annually. When possible, many of the lectures are combined with the Health Visitor Training Course.

During 1955, 12 students successfully completed training, six being trained for our own staff, two for Cheshire County Council, one for Norfolk County Council and one for Nottinghamshire County Health Authority, two students gaining credits in the examinations.

I would like to take this opportunity of expressing thanks to the lecturers, including the Medical Officer of Health, Deputy Medical Officer of Health, the Medical Officer and staff of the Maternity and

Child Welfare Department, Sanitary Inspection Department, Social Welfare Department, Education Department, the Open Air School, Hillcrest Hospital, Chest Clinic, Towers Hospital, Leicester Royal Infirmary (Radio-therapy and Diabetic Departments), Leicestershire County Nursing Association, British United Shoe Machinery Co. Ltd., College of Domestic Science, Leicester City Police, and the Leicester Co-operative Dairy for their helpful co-operation.

### **Refresher Courses for District Nurses**

Refresher Courses for District Nurses are arranged by the Queen's Institute of District Nursing. Staff are encouraged to attend once in five years. During the year, nine Nursing Sisters attended courses in Horsham, London, Birmingham, Fife, and Oxford.

### **Co-operation with General Practitioners**

Co-operation with general practitioners remains good, the staff appreciating the opportunity for direct contact, and discussion about the needs of the patients.

### **Liaison with Hospitals**

Liaison with hospitals is fairly good, and progress has been made. The staff and students have had opportunity of visiting the Diabetic Clinic, Skin and Radio-therapy Departments of the Leicester Royal Infirmary, and the Physiotherapy and Rehabilitation Centre at Hillcrest Hospital.

Nursing students from the Leicester Royal Infirmary and Hillcrest Hospital have visited with the District Nursing Sisters, and the Senior Superintendent has given one lecture on the Home Nursing Service to students at the Leicester Royal Infirmary and Leicester General Hospital, and has visited the Leicester Royal Infirmary on two occasions for discussion with the students. One hospital tutor lectured to the Home Nursing staff. This closer liaison with the hospitals is very much appreciated.

### **Transport**

The motor-assisted bicycles that are in use have not proved altogether satisfactory, being too high for some of the smaller nurses and not affording adequate protection in bad weather. To give improved protection to those nurses riding motorised cycles the Committee provided thick rubber riding mackintoshes in a light colour, sou'westers, and Wellington boots. We are all grateful to the Chief Ambulance Officer and the staff for maintaining and servicing the motorised vehicles.

## Nursing Work

The volume of work remains much the same as in 1954. The table below shows the work since 1948.

		Cases brought forward		Total cases nursed		Total visits
			New cases			
1948	..	589	4,086	4,684		113,903
1949	..	614	4,696	5,310		127,207
1950	..	775	5,434	6,209		131,083
1951	..	768	6,205	6,973		133,690
1952	..	755	7,226	7,981		136,586
1953	..	819	8,166	8,381		157,198
1954	..	958	8,381	9,339		167,665
1955	..	1,058	8,324	9,382		166,983

Summary of work in each area is as follows :

		No. of Cases		No. of Visits	
		1954	1955	1954	1955
Central Home	..	3,484	3,604	66,032	67,821
West End Home	..	2,418	2,552	45,931	46,895
Belgrave Home	..	2,397	2,626	40,358	45,143
Aylestone Home*	..	1,035	600	15,344	7,124

\*Home closed 30th June, 1955

### Average monthly case and visit load per nurse

		No. of Cases		No. of Visits	
		1954	1955	1954	1955
Central Home	..	19	16	352	297
West End Home	..	18½	16	350	300
Belgrave Home	..	18	18	305	313
Aylestone Home	..	20	25	319	297

### Classification of Cases and Visits

		1954	1955	1954	1955
		Cases	Cases	Visits	Visits
Medical	..	7,234	7,157	127,553	132,593
Surgical	..	1,646	1,725	24,921	15,215
Tuberculosis	..	363	375	14,170	18,096
Notifiable diseases	..	14	17	105	90
Maternal complications	..	82	89	916	875
Others	..	—	19	—	114
Total	..	9,339	9,382	167,665	166,983

### Injectons other than strep-

tomyacin and insulin	..	4,326	4,614	49,706	30,111
Insulin injections	..	173	218	16,501	19,883
Streptomycin injections	..	363	375	14,170	18,096
Total injection therapy	..	4,862	5,207	80,377	68,090
Pneumonia	..	218	353	1,776	2,755
Influenza	..	7	40	28	232
Children, 0-4 years	..	600	474	4,317	2,779
Children, 5-14 years	..	606	575	4,086	3,919
Over 65 years	..	2,820	3,394	61,078	81,128

## Cases only

	1954	1955
	*	
Cancer .. ..	310	508
Dressings .. ..	1,325	1,439
Male patients .. ..	3,472	4,293
Female patients .. ..	4,909	5,089

\*New cases only for 1954.      Total cases for 1955

## Injections

From the foregoing classification table it will be seen that a very large number of visits is paid for the purpose of giving injections of various sorts, but in the vast majority of these visits some other service is given to the patient, the visit not being paid for the purpose of the injection alone.

## Care of the Aged

It will also be seen that over a third of the patients nursed were aged 65 years and over (3,394 out of 9,382) and accounted for approximately one-half of the visits (81,128 out of 166,983). The older patients usually require extra nursing attention, and have more problems, chiefly due to lack of income. In these cases the district nurse combines nursing with social welfare, for example, advising application, or making personal application to the National Assistance Board for the necessary amenities. In cases where it is not possible for the National Assistance Board to help, the district nurse will make application to the Leicester Aid in Sickness Fund. Many of our necessitous cases have received valuable assistance from this voluntary agency in the way of beds, mattresses, bedding, clothing, fuel, food, monetary grants and convalescence.

The provision of the extra amenities improves the home conditions, making it possible for the patient to be nursed at home, so relieving hospital beds and encouraging the nurse to apply curative nursing with social welfare work.

## Care of Children

Our statistics show that only about 10% of the cases nursed are children, these suffering from diseases of a minor nature. We do not operate a special children's nursing unit, as excellent facilities are provided in the local hospitals. Also, improved housing conditions, schools, nurseries, and other public health services are all contributing to the welfare of the children. Therefore, at the moment there does not appear to be the need for a special nursing unit.

## **Home Nursing of the Tuberculous**

Co-operation between the Chest Clinic and the Nursing Service remains good. The cases and visits show a slight increase.

## **Nursing Appliances**

Back rests, air rings, bedpans, mackintosh sheets, wheelchairs, and other appliances are loaned to patients, being delivered and collected free of charge. Patients not requiring nursing attention, but in need of appliances, can obtain these from the British Red Cross Society.

## **Leicester Waterbed Association**

For many years the Leicester Waterbed Association issued on loan water and air beds, and latterly rubber foam mattresses. On the 31st December, 1955, the Association was discontinued and its functions became the direct responsibility of the Local Health Authority. The Association generously handed over a supply of water and air beds and rubber foam mattresses to the Authority and these are now available for loan on application to the District Nurses' Home in the area concerned, or to the City Health Department, Grey Friars.

The Service is very appreciative of the work of the Leicester Waterbed Association and the Committee record their thanks for the work of the Association during the years.

Surveying the work for the year it is apparent that progress has been maintained and the demands on the Service have been met. This is largely due to the co-operation and help of the Committee, Public Health Department staff, general practitioners, hospitals and the nursing staff.

## CARE AND AFTER-CARE, INCLUDING HEALTH EDUCATION

### Sherwood Village Settlement

The three Leicester settlers mentioned in my report for 1954 remained in Sherwood Village during 1955.

### Enham-Alamein Village Centre

A.W.B., admitted in March, 1954, took his discharge for reasons unknown on 18th December, 1955. He has gone to live near Southampton.

### Assistance to cases of Tuberculosis

The scheme for the provision of beds and bedding to necessitous cases of tuberculosis was continued and 79 such cases were helped during the year ; of these 21 were new cases.

Free milk was supplied to 250 cases, of which 106 were new cases, much the same figures as for 1954.

### Convalescence

1955

Number of applications	Sent to				No action
	Charnwood Forest	Roecliffe Manor	Hunstanton	Other Homes	
148 (167)	38 (35)	6 (4)	67 (74)	14 (13)	<p>23 as follows :</p> <p>Refused to pay assessment .. 9 (18)</p> <p>Dealt with by Convalescent Homes Society 1 (6)</p> <p>Other reasons : Private arrangements, etc. .. 13 (17)</p>

Note : 1954 figures in brackets.

## HEALTH EDUCATION

(Mr. E. W. HARRIS, Health Education Assistant)

I have pleasure in submitting my third Annual Report as Health Education Assistant, covering my work for the year ending 31st December, 1955.

Several new ventures have been tried this year with reasonable success. The demand for film shows was such that to enable me to meet my day-time commitments during the winter months it was necessary to divert organisers' thoughts to talks which were available by other members of the department. In spite of this the number of meetings attended by me shows an increase over that of 1954.

### Film Service

During the year 106 meetings with films were attended and are classified as follows :

In-Service Courses	..	..	..	24
Women's Groups (including Young Wives)	..			18
Men's Groups	..	..	..	3
Youth Groups	..	..	..	19
Mixed Groups	..	..	..	24
Parent/Teacher Groups	..	..	..	8
Schools	..	..	..	9
Clinics	..	..	..	1
				<hr/>
				106
				<hr/>
The total audience was 4,045				

The In-Service courses include films shown to Student Health Visitors, Home Helps, Student Nursery Nurses and in other sections of the Department.

Films, as in previous years, were a major attraction at the Department's stand at the Abbey Park Show, and the film "Another Case of Poisoning" was shown at intervals on our stand at the Home Life Exhibition. Films also played a vital part in the Home Safety Week during April.

### Lecture Service

Seventeen talks were given on "The Work of the Health Department" and the Health Services film was shown to support the talk.

Many organisations who had previously had this talk have made application for further talks on the various sections of the Department, and the sanitary inspection, home help, health visiting, district nursing and mental health services have all taken their share in providing speakers.

During the year a more portable type of film strip and slide projector was purchased and this has been a valuable asset to provide visual aids to support these talks.

## Publicity

The final delivery (of 1,500 copies) of the current Health Services Handbook was received. Many reports are to hand on the usefulness of this booklet, and it is hoped that for the next issue, by dealing with the preparation and arranging for the printing within the Department, larger numbers of copies can be obtained at no further cost, enabling a more general distribution to be made.

Copies of the booklet "Better Health" have been distributed monthly and the many enquiries received as to the reason for non-delivery on one occasion when these were received late from the printers seem to indicate that they are appreciated by the recipients.

Slogans on the cards in the buses have been changed at intervals of a fortnight and used for items of topical interest, e.g. during the measles and whooping cough epidemics.

A display was arranged in the foyer of the Trocadero Cinema in January showing the need for "Immunisation against Diphtheria" during the advertising of the film "To Dorothy a Son". Other displays, changed at intervals, have been arranged in one of the ground floor windows in Grey Friars and in the waiting rooms of 24a Halford Street and at Richmond House.

To increase interest in the Clean Food Guild a display was arranged in the window of the Information Bureau for two weeks at the beginning of February. The display appealed to traders to join the Guild and to members of the public to support tradesmen who were members of the Guild. Our thanks are due to the staff of the Information Bureau for their help.

## Visitors

During the year the Department was visited, among others, by a doctor from Pakistan, five journalists from Asia, and a doctor from Israel, all of whom showed great interest in the work. The Health Services film was shown on each occasion.

A Health Education worker from Missouri visiting the City called to collect information on the methods and practices of the Health Education section of the Department. He took copies of leaflets and booklets issued by the section and promised to send copies of those used in his city, on his return to America.

In February, Dr. Clayton, Medical Officer of Health of Coventry, visited this office. A Health Education Unit was being formed in his Department and he showed great interest in my work in Leicester.

Fifteen parties consisting of one hundred and ninety-one people have visited the ambulance station and on two occasions Mr. Oswell, Chief Ambulance Officer, gave talks on the "Work of the Ambulance Service" to a total of seventy-five people.

### **Staff Meetings**

On the 22nd March a meeting, under the chairmanship of Dr. Macdonald and arranged by Dr. Ross, with the co-operation of the departmental heads, was held, by the courtesy of the Lord Mayor, in the Lord Mayor's Rooms. Members of the Department were invited to attend. The theme was "Tuberculosis in Leicester". A health visitor, home help, sanitary inspector and district nurse each gave a short talk on their particular work with the tuberculous patient, and Dr. Connolly talked on the work of the Chest Clinic and reviewed the subject generally. Time was allowed for questions. It was agreed that further meetings along similar lines would be very useful to enlighten each section of the Department on the work of the other sections.

At two subsequent meetings the subjects were "Smoke Abatement", led by Mr. Hiller, and the "School Health Service", led by Dr. Randall. Great interest was shown by members of the staff and it is hoped to continue the meetings at intervals in the future.

### **Health Education Advisory Committee**

Both the Senior and Junior Committees have met at frequent intervals during the year and some good publicity points have been suggested and put into practice. I greatly appreciate the help given by members in the preparation and staffing of exhibitions.

### **Talks in Schools**

Invitations were received from several schools for members of the various sections of the department to give talks on their work in the city. These talks included the "Hygiene of Food Handling", "Personal Hygiene", "Sex Education" and several talks on the "Work of the Department".

One school had a series of talks to help in their Course on Civics.

### **Exhibitions**

For the third consecutive year an exhibition was arranged on the usual site at the Leicester Abbey Park Show.

The theme this year was "Your Children's Health". The exhibition tent was used to show information in print, photographs and exhibits,

to help parents in matters concerning the health of their children. The display was arranged in age groups ranging from "Advice to the Expectant Mother" to "Healthy Activities for 'Teenagers'".

Items included in the exhibits were : Value of breast feeding, proper clothing, welfare foods, day nurseries, welfare clinics, the School Health Service and home safety. Various youth organisations were invited to show by displays of literature, posters, etc., the activities of their clubs and thus encourage the young people to participate.

As in previous years a continuous programme of films was shown on the daylight screen in another tent. Films were shown on care of the feet, eyes, teeth, etc. During each programme the audience was invited to visit the exhibition tent, and a continuous stream of adults and children passed through between 2 p.m. and dusk.

The Mobile Clinic, to which reference is made in the report on the work of the Maternity and Child Welfare Department, parked adjacent to the exhibition tent, was open for inspection.

A portion of our site was again allotted to the Mass X-ray mobile unit, but the number of X-rays taken was fewer than last year, due, possibly, to the fact that there was no direct tie-up between our exhibition and mass-radiography.

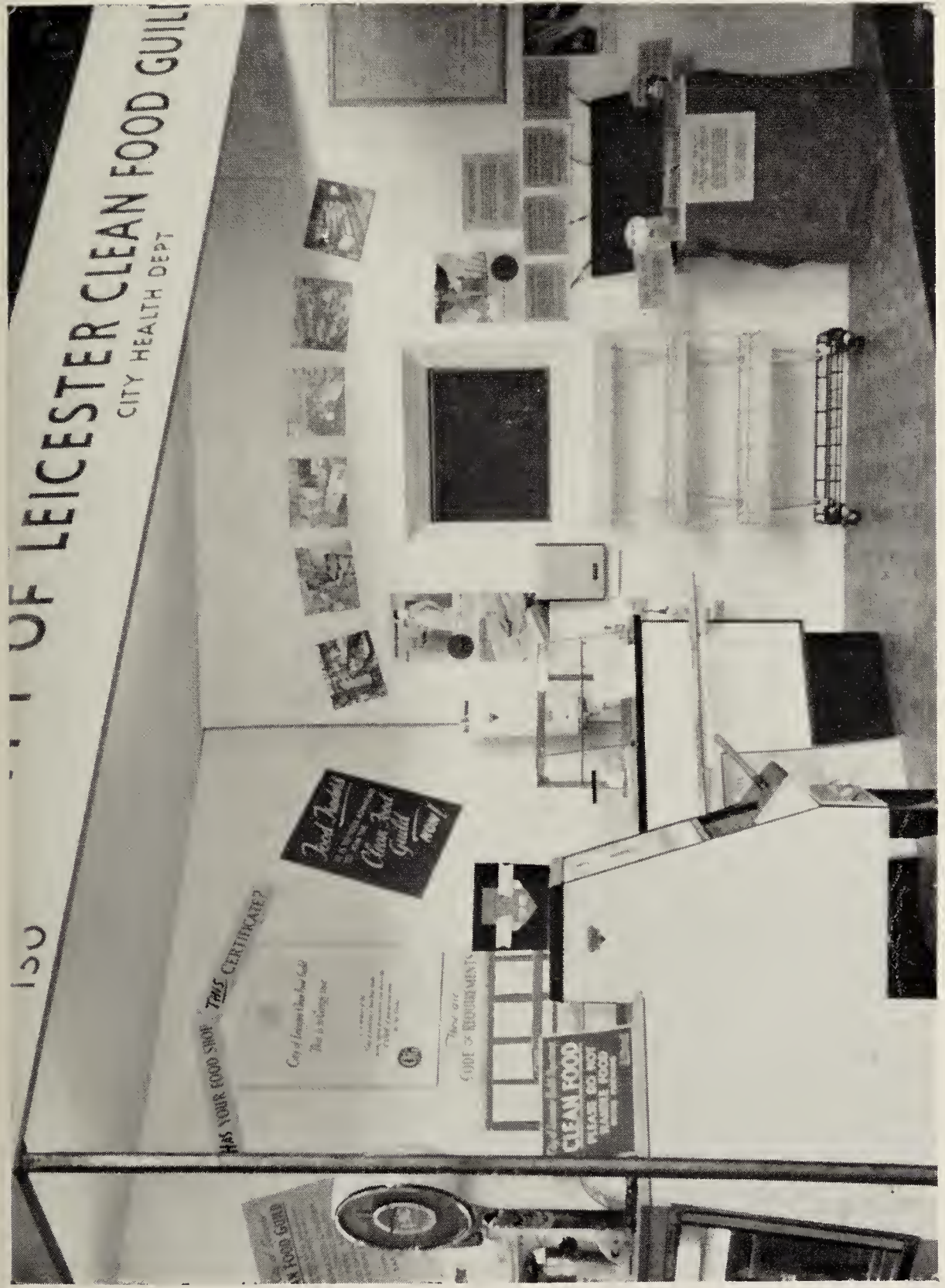
### **Home Life Exhibition**

The stand at the Granby Halls this year was used to encourage traders in the clean handling of food and to show them and the general public the aims of the Clean Food Guild.

Items of equipment loaned by various shopfitters were on show and attracted a great deal of attention. Several members of the Guild assisted by manning the stand in the evenings. The daylight screen was used to show the film "Another Case of Poisoning" at frequent intervals. The public showed a lively interest in the film and the stand generally.

A considerable number of traders asked for details of equipment and what steps had to be taken to become members of the Guild. Codes of practice were handed out, and the subsequent number of applications for membership to the Guild would seem to indicate that the stand had served a useful purpose.

I have since been informed that the traders who were already members of the Guild were convinced that the stand had helped in the campaign for cleaner handling of food and in making the Guild better known.



Stand at Home Life Exhibition giving particulars of Clean Food Guild and hygienic methods of storing and handling food.



## Home Safety Week

Figures for the number of fatalities caused through accidents in the home mainly to young children and the aged indicated that further propaganda on this subject was necessary. As this was not the direct concern of the Department, Miss Atter (Hon. Secretary, Leicester and County Accident Prevention Council) was approached and a meeting of the Home Safety Committee was called in January.

At this meeting it was agreed that a Home Safety Week should be arranged during April.

During this week an exhibition was staged at the shop premises 36-38 Gallowtree Gate. Displays had been erected by the City Fire Brigade, City Police and the Gas and Electricity Departments. Our section consisted of a set-piece on "Snow White" with the seven dwarfs giving slogans on home safety. With the help of Dr. Humphreys and her staff, items were arranged to show the accidents which may happen to the very small child and baby through carelessness.

The Exhibition was staffed by members of the Police Department, Health Visitors and staff of the City Fire Service. A considerable number of people visited this exhibition and the attendants were kept well occupied answering questions.

During the week, leaflets on Accident Prevention were issued by members of the Department working in the homes of the people, and whenever possible, attention was drawn to items which could cause accidents.

A leaflet "Twenty Questions on Home Safety for Young People" was distributed through the Secondary and Grammar Schools by the Accident Prevention Council. Slogans on Home Safety were shown on the bus cards during the period 28th March to 23rd April. Posters were circulated to libraries, hospitals and factories, and copies were sent to general practitioners with a letter asking if they could be shown in the waiting rooms. Small displays were arranged in the waiting rooms in Halford Street and Richmond House.

During the period the Health Visitors gave talks to mothers in the Welfare Clinics, and small displays, posters and leaflets were on show.

In the evenings and on Saturday afternoon five Community Centres were visited. A film show was given for the children at 5.30 p.m. and another for the adults at 7.30 p.m. Each show consisted of films of general interest, a short comedy and three films on Home Safety and the dangers of fire. A short talk was given and posters were displayed

on the walls. The children's shows, I consider, were a success, the total audience being 525 children.

Unfortunately, apathy on the part of the adults resulted in a total audience of 23 for the four shows—that at Cort Crescent was cancelled as no one attended.

### **Milk Bottle Hygiene**

Following a point raised by a member of the Junior Health Education Advisory Committee, the Leicester Branch of the Dairymen's Association was approached regarding the misuse of empty milk bottles and it was agreed that a Poster Painting Competition should be organised by the Department, and that the Association would provide £100 in prizes.

A poster advertising the competition was issued to all dairymen and shops selling milk, and arrangements were made for a card stating the reasons for the campaign and inviting entries for the competition to be attached to the milk bottles and delivered to every house in the city.

The closing date for the competition was the 30th November, and 111 entries were received. The judging was done the following week by Miss Almey and Mrs. Waddington of the Press, Mrs. L. Smith (representing the Dairymen's Association), Mr. Hancock (Leicester College of Art) and Alderman Jackson (Chairman of the Health Committee).

An exhibition of all posters submitted was held at Messrs. Whitby's Showrooms in Charles Street from the 20th to 30th December. At the Official Opening, Alderman Jackson presented the prizewinners with their cheques.

Displays of dirty and misused bottles received at the dairies were shown and attracted considerable attention.

We are most grateful to the Dairymen's Association, to the Judges of the Competition and to Messrs. Whitby's for all the help given to us.

### **Dr. Fosse Guild**

Three further meetings were held at the Little Theatre Hall, Dover Street, to complete the series of winter talks.

January 5th	..	"Is our Food Faked?" Mr. F. C. Bullock
February 2nd	..	"Your Children's Health" Dr. Hearth
March 2nd	..	"Rheumatism" Dr. Simpson

The response to the first two meetings was very poor, which was most discouraging in view of the excellence of the talks given. The response to the meeting on the 2nd March was much better, but in view of the cost in both time and money in arranging these meetings, it was decided not to continue them during the autumn, as the evenings could be better used attending preformed meetings.

## Summer School

The School arranged by the Central Council for Health Education was again held at the Reichel Hall, Bangor, from the 16th to 26th August. The purpose of the School this year was to study "Opportunities and Methods in Health Education".

There were 119 participants from England and Wales and 14 other countries, made up of medical officers, members of the hospital services, educationists, sanitary inspectors, health visitors, health education officers and other industrial and public health workers.

Members attended lectures and were then divided into "Shop Groups" under the guidance of a tutor or group leader to discuss and report on "Opportunities in Health Education". They were also divided into other groups for practical work. I was most fortunate in being allowed to take a major part in the making of a film. The Group decided upon the subject as "Care of the Feet", the script was then written, various shots taken in and around the school, the film was sent to London for processing and arrived back in three days. After editing and cutting, a sound track was added by a tape recorder and the result was very satisfactory—a seven-minute film on the "Care of the Feet", which was shown to the rest of the school on the final day.

Full use was made of the opportunities for personal discussion with others working in the field of Health Education, and I am extremely grateful for the opportunity again to attend this most useful Course.

## VENEREAL DISEASE

I am indebted to the Physician in charge of the Treatment Centre, Royal Infirmary, for the following table of cases treated, etc.—the 1954 figures are in brackets.

### Incidence of Venereal Disease and Allied Conditions in 1955

IN	Syphilis		Gonorrhoea		Other		Totals		
	M.	F.	M.	F.	M.	F.	M.	F.	Total
Number of cases under treatment or observation, 1st January, 1955	117 (130)	159 (165)	21 (35)	19 (14)	20 (19)	7 (6)	158 (184)	185 (185)	343 (369)
New patients during 1955 including inward* transfers and returned cases .. ..	23 (30)	38 (37)	75 (132)	37 (40)	438 (466)	264 (280)	536 (628)	339 (357)	875 (985)
Totals .. ..	140 (160)	197 (202)	96 (167)	56 (54)	458 (485)	271 (286)	694 (812)	524 (542)	1,218 (1,354)
<b>OUT</b>									
Number discharged cured or needing no treatment .. ..	23 (23)	31 (19)	62 (90)	45 (26)	415 (456)	261 (279)	500 (569)	337 (324)	837 (893)
Defaulted .. ..	2 (15)	7 (21)	6 (38)	3 (8)	12 (—)	4 (—)	20 (53)	14 (29)	34 (82)
Transferred .. ..	1 (3)	4 (2)	9 (18)	2 (1)	10 (9)	— (—)	20 (30)	6 (3)	26 (33)
Remaining at 31st Dec., 1955 .. ..	114 (117)	155 (159)	19 (21)	6 (19)	21 (20)	6 (7)	154 (158)	167 (185)	321 (343)
Totals .. ..	140 (160)	197 (202)	96 (167)	56 (54)	458 (485)	271 (286)	694 (812)	524 (542)	1,218 (1,354)

\*Approximately two-thirds of the new patients were from the City, the remainder from the County.

# NATIONAL ASSISTANCE ACT, 1948

## SECTION 47

There were four occasions when compulsory removal to hospital was considered because patients were not receiving adequate care and attention. General practitioners referred three and the Director of Welfare Services the other. Home helps were provided for two of the patients. They later became more ill and agreed to go to Hillcrest. The third patient was very ill when visited and was persuaded to go to hospital. The fourth individual had been the concern of different official agencies since his mother died some years before. He was physically well but had been unable to remain at any one job and for several years had been living on National Assistance. The Sanitary Inspector's Department had been called in several times to deal with accumulations of rubbish in his house and yard, and the Fire Brigade had been summoned because of the danger of the next door house catching alight from the very large fire he had made in his living room. A great deal of time had been spent on this case and ways of ameliorating his conditions investigated, but very little was achieved. Eventually he was persuaded to go to Hillcrest where he is very content, coming out each day to visit some of his friends in the town.

## CHILDREN NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES

The Medical Officer of Health continued to act as Co-ordinating Officer for children neglected or ill-treated in their own homes under the terms of the joint Circular of the Health and Education Ministries and of the Home Office.

The work carried out in this way is very closely linked with that referred to in the next section of the Report—the prevention of the break-up of families.

During the year 43 cases were referred to the Medical Officer of Health under the co-ordinating arrangements, compared with 40 in 1954. In addition, at the beginning of the year, two cases that had been reported in 1954 were being dealt with.

Of the 45 cases, we considered that neglect was present in 18. In 27 the children were thought not to be neglected.

The cases were reported to the Medical Officer of Health by the following officers :

Referred by				Total
N.S.P.C.C.	..	..	..	12
Chief Constable	..	..	..	9
Children's Officer	..	..	..	9
School Health Service	..	..	..	6
Health Visitor	..	..	..	5
Director of Education	..	..	..	1
Headmistress of School	..	..	..	1
Others	..	..	..	2
Total				45

The cases were referred to the following departments, some cases being referred to more than one.

Maternity and Child Welfare	..	22
School Health Service	..	15
N.S.P.C.C.	..	6
Children's Officer	..	4
Chief Sanitary Inspector	..	3
General Practitioner	..	1
Total		51

Case conferences are not held on all cases as a routine but only where interchange of information or discussion on a course of action is indicated. When they were held they were well attended by representatives of the departments or voluntary agencies concerned and were considered useful by those present. One of their most important functions is to place the main responsibility for a family on one agency or department, other agencies acting through that one department as far as their statutory duties will allow, thus reducing the number of visitors to the house.

Action or final decision by M.O.H.	Neglected	Not neglected	Total
Children's Officer to deal .. ..	5	—	5
Health Visitor to supervise .. ..	3	2	5
Family Service Unit .. ..	2	—	2
Home Help to assist .. ..	3	—	3
N.S.P.C.C. to supervise .. ..	2	2	4
No action necessary .. ..	1	21	22
Referred to Child Guidance Clinic	—	1	1
Help sought from Charity Organi- sation Society .. ..	1	1	2
Case still under consideration at end of year .. ..	1	—	1
Totals .. ..	18	27	45

As in past years, officers of the Health Department dealt with many cases where the degree of neglect was not such as to require referral to other departments, the cases being assisted as part of their ordinary duties by health visitors, school nurses, mental health officers and home helps.

I should like once again to thank these officers of both statutory and voluntary agencies for their help during the year.

## HEALTH OF CHILDREN

### PREVENTION OF BREAK-UP OF FAMILIES

Towards the end of 1954 the Ministry of Health issued Circular 27/54 dealing with this most important subject. The following is a summary of the Circular.

The bad effects on health, especially on mental health, which so often follow the break-up of families and the importance of Local Health Authorities developing the increased use of their domiciliary services in keeping families together are emphasized. This is important, not only to prevent physical and mental ill-health, but also for strong financial reasons. Children in "problem families" are particularly exposed to neglect or psychological disturbance. Because of this, problem families tend to reproduce themselves in the next generation and thus cause the community an expense out of all proportion to their numbers.

The health visitor is particularly well placed to recognise early signs of failure in the family. Often she can offer advice which will enable the family to overcome these difficulties, but at other times she may need to call in other officers of the local authority, for example, the mental health worker or home help. The provision of a selected home help to work with the mother, to teach her housecraft, is meeting with success in one or two areas where it is being tried. Special convalescent and retraining facilities have a limited but valuable application. It is important that notwithstanding that other help may have to be called in, the health visitor should not regard her responsibilities as at an end before a solution has been found. The health visitor, to use her influence at the most propitious time, should receive information from other health or welfare workers about these cases.

The circular clearly placed the responsibility for prevention of the break-up of families on the local health authority and, in particular, on the health visitor and home help.

Much had been done in Leicester to deal with the break-up of families. The Medical Officer of Health had been appointed co-ordinating officer under Circular 78/50 dealing with children neglected in their own homes, and very full co-operation from official and voluntary agencies had been obtained. The Department was, therefore, in a very good position to implement the suggestions made in the latest circular and, indeed, striking results on these lines had already been obtained.

The health visitors in the course of their home visits had paid special attention to and had achieved considerable success in this aspect of

their work, more especially as selective health visiting was introduced some years ago, i.e. the number of visits to a family varies according to what the health visitor considers necessary, rather than to any pre-arranged plan.

In 1954 the Home Help Service had assisted nearly 70 problem families by working with the mothers in their homes, cleaning and cooking with them, showing them how to spend their house-keeping money, how to provide proper diets, how to repair clothes instead of throwing them away, and so on. In 1954 also, the local Family Service Unit, established in 1951, to which the City Council makes a grant, had played a most useful part, helping some 30 families.

The circular and a report on it prepared by the Medical Officer of Health were considered by Committee in October, 1955. The report stated that Health Department staff were already playing a very large part in this very important work, but that difficulties had arisen with regard to the Home Help Service mainly because that Service is not in essence a free service. A charge for the service has to be made if this is reasonable in view of the family's resources. As a result of this, the home help had to be withdrawn a little while before from four families who were in urgent need of help, simply because they refused to pay the charge for the service. In addition, there was a number of other families in which assessment had caused or was causing difficulty.

To meet this difficulty the Committee agreed, and this has now been confirmed by the Ministry of Health, that for a trial period of one year a maximum of the equivalent of six home helps at any one time may be allowed without charge for families who are problem families or incipient problem families, where home helps should be provided to undertake the work of rehabilitation of the families and where this work would be hampered by any charge to be made for the service of home helps.

The circumstances of families who are recommended for such help will be considered by a small committee of officers of the Health Department, their decision being subject to later confirmation by the appropriate sub-committee of the Health Committee.

The problem family is one of the great challenges to our welfare services and although many methods of improvement have been tried, none has been, nor can be expected to be universally successful. I feel that the home helps have a most important contribution to make in the prevention of the break-up of families and that their chances of improving conditions will be increased by this scheme. It will be most interesting to see how it succeeds.

The Committee also decided that all Local Government and voluntary associations in the city should be advised of the type and scope of service the Health Committee can provide, and should be invited to co-operate in passing to the Health Department information on any families that might require help. This procedure would be very similar to that adopted under Circular 78/50 whereby the Medical Officer of Health was appointed Co-ordinating Officer for the care of neglected children.

During 1955 health visitors continued to pay special attention to families who were having difficulty, giving service and instruction on housecraft, budgeting, care of children, etc., and bringing in appropriate specialised agencies as necessary.

As mentioned by Mrs. Steed in her report, home helps assisted 72 problem families during the year. Sixteen required sustained practical help, 30 received intensive practical help for several weeks followed by less frequent help, and 28 families previously rehabilitated received occasional visits. The scheme of free home helps had not yet started during 1955.

The Leicester Family Service Unit also did work of very great value. I am indebted to the Secretary for the following information. The Unit dealt with 31 families during the year, eight cases being closed. Of these, four were closed because the condition of the family was satisfactory, and one was referred back to another department as improved. Good liaison is maintained, two members of the Health Committee and two of the Children's Committee being members of the Executive Committee of the Unit, as is also the Deputy Medical Officer of Health, and very good co-operation is obtained from the three Unit case workers.

Conferences of officers of departments concerned, under the chairmanship of the Deputy Medical Officer of Health, were held when indicated, and there were also frequent informal discussions between officers in the field dealing with families. The conferences and discussions help by disseminating information among those concerned, and more important, usually one department can be made primarily responsible for a particular family, other officers working as far as possible through the one agent. This does not debar different departments from taking any necessary statutory action.

To sum up, officers of the Health Department are very alive to the importance of this work and the need to prevent the deterioration and break-up of families. I think that in Leicester there is satisfactory co-ordination and that the responsibilities of different departments do not cause unnecessary overlapping.

## BLIND PERSONS

I am indebted to Mr. K. J. Powell, Director of Welfare Services, for the information included in this Section.

### Classification according to age (at Date of Registration) of Partially Sighted Persons Registered in 1955

	0-	1-	2-	3-	4-	5-10	11-15	16-20	21-30	31-39	40-49	50-59	60-64	65-69	70+	Totals
Cataract :																
Male ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Female ..	-	-	-	-	-	-	-	-	-	-	1	1	-	3	10	15
Glaucoma :																
Male ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Female ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2
Retrolental Fibroplasia :																
Male ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Female ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Others :																
Male ..	-	-	-	-	-	2	-	2	-	1	-	-	-	-	2	7
Female ..	-	-	-	-	-	1	-	-	-	1	-	1	-	1	5	9
*Totals	-	-	-	-	-	3	-	2	-	2	1	2	-	4	20	34

\*These figures include 5 persons transferred from the Blind Register.

### Classification according to age (at Date of Registration) of Blind Persons Registered in 1955

	0-	1-	2-	3-	4-	5-10	11-15	16-20	21-30	31-39	40-49	50-59	60-64	65-69	70+	Totals
Cataract :																
Male ..	-	-	-	-	-	-	-	1	-	-	-	1	-	-	11	13
Female ..	-	-	-	-	-	-	-	-	-	-	-	-	2	1	22	25
Glaucoma :																
Male ..	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	2
Female ..	-	-	-	-	-	-	-	-	-	-	-	1	-	1	3	5
Retrolental Fibroplasia :																
Male ..	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1
Female ..	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Others :																
Male ..	-	-	-	-	1	-	-	1	-	1	1	2	2	1	13	22
Female ..	-	-	-	-	-	-	-	-	-	-	2	5	1	4	22	34
*Totals	-	2	1	-	1	-	-	2	-	1	3	10	5	7	72	104

\*These figures include 13 persons transferred from the Partially Sighted Register.

### Follow-up of Registered Blind and Partially Sighted Persons

(i) Number of cases registered during the year in respect of which para. 7(c) of Form B.D.8 recommends :	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment ..	16	8	2	50
(b) Treatment (medical, surgical or optical) ..	29	2	1	12
(ii) Number of cases at (i) (b) above, which on follow-up action have received treatment .. ..	10	1	1	10

Of the three cases of retrolental fibroplasia two were definitely associated with prematurity and intensive oxygen therapy. No treatment was recommended in either case.

Included in the 76 cases shown in the Table where no treatment was recommended are 17 cases where continued hospital supervision was advised.

As in previous years, in a small number of cases recommended for treatment, this has later been found inadvisable or the patient proved unwilling. In 1955, six such cases came to notice and all were cases of cataract.

# HOUSING

## New Housing

During the last five years the following houses have been built in Leicester.

	1951	1952	1953	1954	1955	Total
By Housing Committee ..	1,216	1,216	1,343	1,530	1,205	6,510
By private builders ..	179	232	341	629	534	1,915
Totals .. ..	1,395	1,448	1,684	2,159	1,739	8,425

The 1,205 houses built by the Corporation in 1955 were on the following Estates :

New Parks .. ..	32
Thurnby Lodge (County) ..	62
Stocking Farm .. ..	32
Eyres Monsell (City) .. ..	172
Eyres Monsell (County) ..	41
Mowmacre .. ..	210
Nether Hall (City) .. ..	12
Nether Hall (County) .. ..	484
Coleman Road .. ..	98
Braunstone .. ..	62
	<hr/>
	1,205

## Slum Clearance

In December, 1955, five areas were represented to and accepted by the Health Committee, as follows :

- Area No. 113 (Pentonville) C.P.O. : 40 houses, no other building
- Area No. 120 (James Street) C.P.O. : 54 houses, 1 other building
- Area No. 121 (Duke Street) C.P.O. : 5 houses, no other building
- Area No. 122 (Regent Road) C.P.O. : 18 houses, no other building
- Area No. 123 (York Road) C.P.O. : 17 houses, no other building
- Area No. 124 (Friar Lane) C.P.O. : 21 houses, no other building

In addition, during the year 1955, action was taken under Sections 11 and 13, Housing Act, 1936, and 136 dwelling houses were ordered to be demolished and a further 29 were demolished.

Four houses were represented for closing under Section 25 of the Regulations made under the Leicester Improvement, Drainage and Markets Act, 1868.

Under Section 10 of the Local Government (Miscellaneous Provisions) Act of 1953, closing orders were made on 30 houses.

The following table shows the position as at the 31st December, 1955, of the progression of re-housing of families :

**Houses in Clearance Areas and Compulsory Purchase Orders  
(Confirmed). Position at 31st December, 1955**

Area	Houses in Scheme	Houses Vacated	Awaiting Removal
No. 30 (Fleet Street, No. 3) .. C.P.O. 1935	22	21	1
No. 65 (Sanvey Gate, No. 1) .. C.O. 1937	3	1	2
No. 67 (Causeway Lane, No. 1) .. C.P.O. 1937	245	236	9
No. 70 (Causeway Lane, No. 4) .. C.P.O. 1937	9	5	4
No. 89 (Wellington Street) .. C.P.O. 1938	173	110	63
No. 89 (Wellington Street) .. C.O. 1938	77	74	3
No. 97 (Elton Street) .. .. C.O. 1938	6	3	3
No. 111 (Lewin Street) .. .. C.P.O. 1953	249	248	1

**Individual Unfit Houses**

Act under which Action taken	Houses represented to Health Com.	Houses on which Order made	Statutory Undertakings not to Re-Let	Houses vacated	Awaiting removal
Housing Act, 1936 Section 11 .. From July 1939	400	360	29	296	104
Leicester Improvement Drainage and Markets Act, 1868 .. ..	188	130	—	133	55
Local Government (Miscellaneous Provisions) Act, 1953—Section 10	39	38	—	30	9
Voluntary Undertakings ..			34	33	1

# **Report on the Chest Clinic for 1955**

by

C. M. CONNOLLY, M.D., M.R.C.P., D.P.H.

The work of the Chest Clinic has continued along the same lines as in the previous year.

## **New Cases**

394 new cases of tuberculosis, including transfers in, were registered during 1955, as compared with 448 in 1954. When cases who transferred in from other areas are excluded, the number of new cases found in the city in 1955 was 249, as compared with 332 in 1954, a total decrease of 83. The pulmonary cases decreased by 62, the non-pulmonary cases decreased by 21.

## **Case Finding Schemes**

The following tuberculosis "case-finding" schemes were in operation during the year, and 161 cases of pulmonary tuberculosis were discovered.

### **1. Patients referred by General Practitioners**

1,583 patients were referred to the Clinic for the first time by General Practitioners. From this number, 105 cases of pulmonary tuberculosis were found, i.e. 66.3 per thousand persons examined, and there were still 296 persons under observation on 31st December, 1955.

### **2. Radiological examination of Contacts**

#### **(a) *Home Contacts of Notified Cases***

1,957 contacts accepted chest X-ray and 26 cases of active disease, i.e. 13.2 per thousand persons examined, were found.

*(b) Home Contacts of Observation Cases*

No cases of tuberculosis were discovered among 278 persons X-rayed under this scheme.

*(c) Home Contacts of Tuberculin Positive Children referred to the Clinic by General Practitioners*

No cases of tuberculosis were discovered among 79 persons examined.

*(d) Business Contacts of Notified Cases*

No cases of tuberculosis were discovered among 353 persons examined.

### **3. Examination of Tuberculin Positive School Entrants**

As in 1954, the new entrants to school were tuberculin tested and those children who were found to be positive were referred to the Clinic. The home contacts of these children were also investigated.

102 children were referred to the Clinic, and two cases of active tuberculosis were found. When the home contacts were investigated one further case of tuberculosis was discovered.

### **4. Mass Radiography**

24 cases referred to the Clinic by Mass Radiography Unit during the year were found to have active tuberculosis.

### **5. Radiological examination of Expectant Mothers**

There was a considerable increase in the numbers examined during the year, as the scheme, which had previously covered mainly primiparae, was extended, early in 1955, to include all expectant mothers in the city.

2,299 persons were sent for and 1,797 persons accepted chest X-ray. Three cases of active disease were found.

### **Chronic Cases**

Analysis of the tuberculosis register showed that out of a total register of 2,343 pulmonary cases, 568 cases were chronic active cases. The remainder of the register was composed of 1,100 quiescent cases, 470 active cases on treatment, who are expected to become quiescent, and 205 primary cases. The chronic active cases, whom our present methods of treatment have failed to make quiescent, are a considerable public health problem, as they are constantly or periodically discharging tubercle bacilli. The majority of the chronic cases are ambulant and

about 50% are fit for employment. More than two-thirds of them are males in the older age groups.

To deal with the problem of infectivity, an intensive effort was made during the year to give long-term chemotherapy to all chronic cases with a positive sputum, as this offered the best chance of obtaining sputum conversion. Long-term chemotherapy was offered to all chronic cases with recent positive sputum. The number with recent positive sputum was 413, and so far we have been able to put 341 of these cases on this treatment. The results are shown below. Only those cases who have been sputum negative for more than six months are included in the sputum negative group.

Number of chronic positive cases put on long term chemotherapy	341
Number of cases who have become sputum negative .. ..	226
Number of cases still sputum positive .. ..	115

Of the 226 cases who have become sputum negative, 106 have now remained sputum negative for more than 12 months. Of the 115 cases that are still considered sputum positive, 74 have not been on continuous chemotherapy long enough to become sputum negative according to our definition, and many of this number are expected to become sputum negative.

It will be seen that some success has been achieved in rendering the chronic positive cases non-infectious, and it remains for the future to determine whether it will be possible, by means of prolonged chemotherapy, to obtain permanent sputum conversion in these cases.

**B.C.G. Vaccination**

B.C.G. vaccination was offered to all young contacts of tuberculous cases who were tuberculin negative.

During the year, 777 vaccinations were performed, as against 717 in 1954.

This vaccination scheme has been in operation in Leicester since October, 1950, and a total of 3,685 vaccinations have been carried out up to the end of 1955. It is satisfactory to note that complications of vaccination have been negligible, and no case of tuberculosis has occurred in any of the vaccinated children.

The tuberculin state following vaccination gives us an indication of the immunity conferred by the vaccination, and this has been studied by follow-up tuberculin tests. These tests have shown that 97.5% of those vaccinated two years previously, were still tuberculin positive, and

of those vaccinated four years previously, 78.5% were still tuberculin positive. Those children whose tuberculin state was found to have reverted to negative, and who were still in contact with a case of tuberculosis, were offered re-vaccination.

### Tuberculin Survey

To obtain an idea of the present tuberculin state of the population of the city, a small survey was carried out during the year. This survey was performed by tuberculin testing a random sample of children and adults, who were referred to the Chest Clinic by their family doctors.

Over a period of nine months, 565 persons were tuberculin tested by the Heaf Multiple puncture method, and the tuberculin state in age groups is given in the following table :

Age Group	Number tested	Tuberculin Test		
		Number Positive	Number Negative	% Positive
0- 4	75	4	71	5.3
5- 9	136	10	126	7.4
10-14	95	19	76	20
15-19	50	25	25	50
20-34	96	82	14	85.4
35+	113	98	15	83.7

Although a very small one, this survey gives an indication of the degree of tuberculin allergy in the different age groups. It indicates the rapid rate of tubercularisation of the population, which occurs after school-leaving age and entrance to industry. The slow rise of allergy in childhood, during which time the risks of infection are relatively slight, contrasts with the rapid change which is shown to occur in the tuberculin state after school-leaving age.

The number of cases of tuberculosis during the year in children in the age group 5-14, was 29, and this number compares favourably with the 61 cases which occurred in young adults in the following 10-year age group, 15-24.

B.C.G. vaccination of school-leaving children has not yet started in Leicester. It is my opinion that the vaccination of this group will help considerably to lower the incidence of the disease in young adults.

Resettlement

Early return of quiescent cases to suitable work is an important factor in the resettlement of the tuberculous. Most of these patients are fit for employment under ordinary industrial conditions, and there is no great difficulty in Leicester in ensuring that suitable employment is obtained. The patients are encouraged to register as Disabled Persons, and close liaison is maintained with the Ministry of Labour's Disablement Resettlement Officers. Suitable cases are referred for rehabilitation or industrial training at the Government Training Centre and Industrial Rehabilitation Unit at Humberstone Lane, and we are able to advise on the type of employment that these patients should obtain.

Deaths

There has been a further reduction in the deaths from tuberculosis during the year. The number of deaths was 59, as against 71 in 1954.

These deaths are analysed in the tables which follow, and it will be seen that the vast majority of the deaths have occurred in the older age groups and in chronic cases. It can be stated now that tuberculosis has ceased to be a killing disease in young persons. This is largely due to the improvement in treatment which has resulted from the use of the chemotherapeutic drugs which we have at our disposal.

The following table shows the sources from which the cases of tuberculosis, notified in 1955, came.

Transferred in from other Areas	..	..	..	145
Home contacts of notified cases	..	..	..	26
Referred by the Mass Radiography Unit	..	..	..	24
Referred by the National Service Medical Board	..	..	..	4
Death adjustments	..	..	..	10
School Case-finding Scheme other than Mass Radiography	..	..	..	3
Scheme for X-ray of pregnant women	..	..	..	3
Referred by Service doctors	..	..	..	5
Notified by Hospital doctors	..	..	..	69
Referred to the Clinic by general practitioners..	..	..	..	105

The following table gives the number of new cases, including transfers-in, since 1924 :

1925	..	Pulmonary, 606 ;	Non-pulmonary, 77 ;	Total, 683
1926	..	,, 650 ;	,, 77 ;	,, 727
1927	..	,, 700 ;	,, 80 ;	,, 780

1928	..	„	668 ;	„	117 ;	„	785
1929	..	„	657 ;	„	77 ;	„	734
1930	..	„	582 ;	„	66 ;	„	648
1931	..	„	511 ;	„	61 ;	„	572
1932	..	„	442 ;	„	69 ;	„	511
1933	..	„	438 ;	„	74 ;	„	512
1934	..	„	331 ;	„	72 ;	„	403
1935*	..	„	460 ;	„	100 ;	„	560
1936	..	„	355 ;	„	79 ;	„	434
1937	..	„	345 ;	„	88 ;	„	433
1938	..	„	310 ;	„	84 ;	„	394
1939	..	„	299 ;	„	84 ;	„	383
1940	..	„	343 ;	„	101 ;	„	444
1941	..	„	390 ;	„	75 ;	„	465
1942	..	„	365 ;	„	85 ;	„	450
1943	..	„	359 ;	„	93 ;	„	452
1944	..	„	392 ;	„	52 ;	„	444
1945	..	„	355 ;	„	60 ;	„	415
1946	..	„	440 ;	„	55 ;	„	495
1947	..	„	458 ;	„	68 ;	„	526
1948	..	„	403 ;	„	78 ;	„	481
1949	..	„	410 ;	„	51 ;	„	461
1950	..	„	555 ;	„	46 ;	„	601
1951	..	„	443 ;	„	46 ;	„	489
1952	..	„	473 ;	„	41 ;	„	514
1953	..	„	455 ;	„	39 ;	„	494
1954	..	„	392 ;	„	56 ;	„	448
1955	..	„	361 ;	„	33 ;	„	394

\*City Boundary extended and population increased by 20,000. The figure given for 1935 included 139 pulmonary and 23 non-pulmonary taken over from the County.

The following table gives the sex and age periods of those notified during 1955 :

Age Periods	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
Pulmonary											
Males ..	4	6	4	9	18	23	12	23	15	12	126
Females ..	5	5	8	16	12	22	16	6	1	5	96
Non-pulmonary											
Males ..	1	2	1	—	2	2	1	—	—	—	9
Females ..	1	2	1	1	3	3	2	4	1	—	18

The following table gives the sex and age periods of those transferred in from other areas during 1955 :

Age Periods ..	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65 +	Total
Pulmonary										
Males ..	-	-	6	28	35	17	6	2	-	94
Females ..	1	1	3	14	20	5	-	-	1	45
Non-Pulmonary										
Males ..	-	-	-	1	-	-	-	-	-	1
Females ..	1	1	-	1	1	1	-	-	-	5

The following table gives the number of young adults notified in the age periods 15-19 and 20-24 during the past six years :

Ages	Pulmonary Tuberculosis in Young Adults (Notifications) (15-24) during the past 6 years											
	1950		1951		1952		1953		1954		1955	
	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24
Males	18	38	14	32	26	33	23	23	8	16	9	18
Females	43	55	36	46	33	38	24	21	17	19	16	12
Total	61	93	50	78	59	71	47	44	25	35	25	30
Total both sexes	154		128		130		91		60		55	

This table shows for the year 1955 there has been a decrease of five young adults notified, as compared with the number notified in 1954.

## DEATHS *(Local figures)*

Deaths due to Pulmonary Tuberculosis .. .. 57

Deaths due to non-Pulmonary Tuberculosis .. .. 2

The pulmonary deaths (57) are eight less than in 1954. The non-pulmonary deaths (two) are four less than in 1954.

### *Place of Death.*

Leicester Isolation Hospital and Chest Unit	..	14
Other Institutions	.. .. .	7
In patients' own homes	.. .. .	38
		<hr/>
		59
		<hr/>

Number of Deaths from Tuberculosis in Leicester in past years.						
Year (1)	Phthisis.		Other Tuberculous Diseases.		Total Tuberculous Deaths.	
	Deaths. (2)	Rate per 100,000 Population. (3)	Deaths. (4)	Rate per 100,000 Population. (5)	Deaths. (6)	Rate per 100,000 Population. (7)
1938	174	66	21	8	195	74
1939	183	70	25	9	208	79
1940	200	77	34	13	234	90
1941	197	74	39	15	236	89
1942	166	64	37	14	203	78
1943	179	70	27	11	206	81
1944	175	68	20	8	195	76
1945	153	60	30	12	183	71
1946	162	60	26	10	188	70
1947	186	67	21	8	207	75
1948	167	60	20	7	187	67
1949	153	54	21	7	174	61
1950	134	47	7	2	141	49
1951	98	34	7	2	105	36
1952	96	33	6	2	102	35
1953	68	24	5	2	73	25
1954	65	23	6	2	71	25
1955	57	20	2	1	59	21

The following tables give the Age, Sex Distribution and Occupation of those dying from Pulmonary Tuberculosis during 1955 :

Age and Sex Distribution of Deaths from Phthisis in 1955.					
Age Period.			Males.	Females.	Total.
0—1	..	..	—	—	—
2—4	..	..	—	—	—
5—9	..	..	—	—	—
10—14	..	..	—	—	—
15—19	..	..	—	—	—
20—24	..	.	1	1	2
25—34	..	..	3	4	7
35—44	..	..	3	3	6
45—54	..	..	12	3	15
55—64	..	..	12	—	12
65 +	..	..	11	4	15
All ages			42	15	57

### Occupations of Persons Dying from Phthisis in 1955.

	M.	F.		M.	F.
<b>Hosiery Trade</b>			<b>Engineering</b>		
Counterman ..	1	—	Storekeeper ..	2	—
Storekeeper ..	1	—	Packer ..	1	—
<b>Shoe Trade</b>			Grinder ..	2	—
Finisher ..	2	—	Furnaceman ..	1	—
Pressman ..	1	—	Iron-foundry Manager	1	—
Repairer ..	1	—	Sheetmetal Worker ..	1	—
Perforator ..	—	1	Typewriter Assembler	2	—
Sole Attacher ..	—	1	Labourer ..	4	—
Clicker ..	1	—	Plasterer ..	1	—
Surgical Bootmaker ..	1	—	Shop Assistant	1	—
			Watch Repairer	1	—
<b>Leather Tanner's Press</b>			Metal Polisher	1	—
Operator ..	—	1	Engraver ..	1	—
Elastic Web Weaver ..	1	—	Carpenter and Joiner ..	2	—
Drapery Salesman ..	1	—	Licensed Victualler ..	1	—
Café Proprietor ..	1	—	Student Teacher ..	1	—
Chartered Accountant ..	1	—	Occupations not stated		
Insurance Agent ..	1	—	(includes married*		
Postman ..	1	—	women, widows, chil-		
Caretaker ..	1	—	dren, and persons of		
Corporation Attendant ..	1	—	no occupations) ..	3	12
			<b>Grand Total</b> ..	<b>42</b>	<b>15</b>

\* A large number of *married* women are engaged in the Hosiery Trade, but these are not included, for in the case of deaths of married women and widows, only the husband's occupation is registered.

### ANALYSIS OF DEATHS.

PULMONARY CASES HAVING HAD INSTITUTIONAL TREATMENT.									
Stage when first examined		Died within one month of notification	Within three months	Within six months	Within twelve months	Within two years	Within three years	Within five years	Over five years
T.B. — ve cases ..	1	—	—	—	—	—	—	1	—
T.B. + ve Stage I ..	1	—	—	—	—	—	—	—	1
T.B. + ve Stage II ..	17	—	—	—	1	4	1	2	9
T.B. + ve Stage III ..	10	3	—	—	1	—	—	2	4
Total .. ..	29	3	—	—	2	4	1	5	14

PULMONARY CASES NOT HAVING HAD INSTITUTIONAL TREATMENT.									
Stage when first examined		Died within one month of notification	Within three months	Within six months	Within twelve months	Within two years	Within three years	Within five years	Over five years
T.B. - ve cases ..	2	—	—	—	1	1	—	—	—
T.B. + ve Stage I ..	—	—	—	—	—	—	—	—	—
T.B. + ve Stage II ..	10	—	1	—	—	2	2	3	2
T.B. + ve Stage III ..	5	—	—	—	1	—	2	1	1
Total .. ..	17	—	1	—	2	3	4	4	3

PULMONARY CASES NOT EXAMINED AT OR IN CONNECTION WITH THE CHEST CLINIC.

TOTAL	Died within one month of notification	Within three months	Within six months	Within twelve months	Within two years	Within three years	Within five years	Over five years
1	1	—	—	—	—	—	—	—

These tables account for 47 deaths. In addition, there were nine deaths of patients who had not been notified as suffering from tuberculosis, and one death transferred in from another area. This gives a total of 57 pulmonary deaths.

Deaths from Pulmonary Tuberculosis in Children (0-14) during the past six years.

Ages.	1950			1951			1952			1953			1954			1955		
	-4	-9	-14	-4	-9	-14	-4	-9	-14	-4	-9	-14	-4	-9	-14	-4	-9	-14
Males ..	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-
Females ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total ..	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-
Total each year ..	-			-			1			-			-			-		

**Deaths from Pulmonary Tuberculosis in Young Adults (15-24) during the past six years.**

Ages.	1950		1951		1952		1953		1954		1955	
	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24
Males ..	1	3	1	3	2	1	2	2	—	1	—	1
Females ..	3	5	1	3	2	7	1	1	2	—	—	1
Total ..	4	8	2	6	4	8	3	3	2	1	—	2
Total .. (each year)	12		8		12		6		3		2	

There has been a decrease of one in the deaths from Pulmonary Tuberculosis in young adults in 1955 as compared with 1954.

**Non-Pulmonary Tuberculosis Deaths (All Ages)**

Meningitis	Suprarenal Glands
1	1

Deaths from Tuberculous Meningitis in Children (0-14) during the past six years						
	1950	1951	1952	1953	1954	1955
Males .. ..	—	2	1	—	—	—
Females ..	2	—	—	1	1	—
Total .. ..	2	2	1	1	1	—

**Recovered Cases**

During the past year the names of 181 patients were removed from the register as having “recovered”. Of these, 156 were pulmonary and 25 non-pulmonary. Of the pulmonary cases, 58 had had tubercle bacilli in their sputum.

## VISITS

Visits paid by the Health Visitors .. .. .	9,284
Visits paid by the Home Nurses .. .. .	18,096

## Chest Clinic as the "Centre of Diagnosis"

Notes from general practitioners in Leicester requesting an opinion on 3,753 patients—1,583 were referred for the first time, the remainder were cases who had been before—were dealt with during the past twelve months.

## Clinical Examinations

	Men	Women	Children	Total
First examinations ..	872	493	358	1,723
Re-examinations ..	3,158	2,494	548	6,200

## Contact Examinations

	1950	1951	1952	1953	1954	1955
Number of contacts examined ..	1,700	2,406	2,454	2,076	2,602	2,588
Number found to have definite tuberculosis .. .. .	43	32	38	27	20	26

## Radiological Examinations

1950	1951	1952	1953	1954	1955
11,647	15,146	14,941	18,094	15,453	17,536

## Total Attendances

Total attendances .. .. .	21,523
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# ANALYSIS OF CASES ON CHEST CLINIC REGISTER.

DIAGNOSIS	Pulmonary			Non-Pulmonary			Total			Grand Totals
	Men	Women	Children	Men	Women	Children	Men	Women	Children	
A. New Cases examined clinically and/or radiologically during the year:										
(a) Definitely T.B.	88	66	28	6	13	10	94	79	38	211
(b) Diagnosis not completed ..	—	—	—	—	—	—	158	108	30	296
(c) Non-Tuberculous	—	—	—	—	—	—	908	1,923	303	3,134
B. New contacts examined during the year:										
(a) Definitely T.B.	9	7	10	—	—	—	9	7	10	26
(b) Diagnosis not completed ..	—	—	—	—	—	—	17	21	7	45
(c) Non-Tuberculous	—	—	—	—	—	—	460	455	440	1,355
C. Contacts of Mantoux Positive Schoolchildren										
(a) Definitely T.B.	1	—	2	—	—	—	1	—	2	3
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	2	8	10
(c) Non-Tuberculous	—	—	—	—	—	—	69	100	166	335
D. Cases written off Chest Clinic Register ..										
(a) Recovered ..	54	69	33	4	17	4	58	86	37	181
(b) Non-Tuberculous	—	—	—	—	—	—	1,619	2,677	1,002	5,298
E. Number of cases on Clinic Register on 31st December, 1955:										
(a) Definitely T.B.	1,156	983	204	59	96	41	1,215	1,079	245	2,539
(b) Diagnosis not completed ..	—	—	—	—	—	—	228	173	56	457
1. Number of cases on Clinic Register on 1st January, 1955, including observation cases ..	3,155			2. Number of cases transferred in from other areas ..						145
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme and cases "lost sight of" .. .. .	177			4. Cases written off during the year as dead (all causes) ..						63
5. "Lost sight of" cases returned	—			6. Number of attendances at Chest Clinic .. .. .						21,523
7. Number of films taken during the year .. .. .	17,536			8. Number of persons receiving B.C.G. vaccine, during the year .. .. .						777
9. Number of visits by Health Visitors to homes for Clinic purposes .. .. .	9,284			10. Number of patients visited by Home Nurses .. .. .						375
11. Number of patients who have received drug treatment outside the Hospital during the year .. .. .	635			12. Number X-rayed under the scheme for X-ray of pregnant women .. .. .						1,797
13. Number of patients to whom free milk was granted by Local Health Department ..	250			14. Number of patients to whom beds and/or bedding have been loaned by the Local Health Department .. .. .						79

## LEICESTER AREA MASS RADIOGRAPHY UNIT

### REPORT FOR 1955

I am indebted to Dr. E. M. Quinn, Medical Director, for the following Report :

As in other years the Unit spent six months X-raying in the city. The groups covered included school children of 14 years of age and upwards, school staffs, nursery staffs, home helps, health visitors, etc., factory and office workers and doctors' referrals.

In accordance with Ministry of Education requirements all intending teachers leaving the City Training Colleges and others entering the teaching profession were X-rayed.

For the first time in the history of the Unit an appointment system was tried for the general public. This became necessary in view of the fact that in previous years the sessions became far too overcrowded, as many as 400 people being dealt with in two hours on many occasions, causing great inconvenience to the public and the staff of the Unit. As a result of the new appointment arrangement a more even flow was maintained on the public sessions and it also allowed for the X-ray of office and factory groups during some of the afternoon sessions when the appointments had not been taken by the public. Cases referred to the Unit by medical practitioners were dealt with immediately.

The number X-rayed during the two months' public sessions amounted to 6,160. 26% of these people attended for the first time ; in addition, 7,905 attended as organised groups from factories, etc.

The Unit decided to hold a survey of one of the post-war housing estates and for this purpose the New Parks Estate was chosen. Publicity was arranged through the press and through each householder having a leaflet, posters in shops and posters displayed in the city centre. The attendance, however, was considered to be rather disappointing. Only 848 people attended for X-ray, 48% of these people attended for the first time. One active case of pulmonary tuberculosis was discovered.

As in the previous year, the Unit attended the Abbey Park Flower Show, but only 662 people attended for X-ray as against 829 in the previous year. Three active cases of pulmonary tuberculosis were discovered.

It is considered that there are still far too many people who have not had an X-ray of the chest. Every effort is being made by the Unit to try and reduce this number.

	Miniature X-rays		Large Films		Clinical Examina- tion		T.B. Active		T.B. Inactive		Bronchi- ectasis		Cardiac		Pneu- moconi- osis		Carci- noma	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Public Sessions ..	2,884	4,124	276	405	62	73	10	2	15	21	-	3	6	13	-	-	4	1
Doctors' Patients ..	232	151	80	53	23	15	3	-	4	4	1	1	1	-	-	-	-	-
Schools ..	2,558	2,031	147	105	20	10	-	-	1	2	-	1	-	1	-	-	-	-
Colleges ..	803	1,087	56	91	10	16	-	1	1	3	1	-	-	1	-	-	-	-
Organised Groups	5,220	4,858	390	416	79	64	3	3	19	14	5	1	8	9	-	1	-	-
H.M. Prison (exclu- ding staff) ..	167	-	12	-	3	-	1	-	2	-	-	-	-	-	-	-	-	-
Abbey Park Show	326	336	34	32	8	4	1	2	3	-	-	-	1	-	1	1	-	-
TOTAL ..	12,190	12,587	995	1,102	205	182	18	8	45	44	7	6	16	24	1	-	6	1

# Report on Maternity and Child Welfare

for the year 1955

by

E. B. BERENICE HUMPHREYS, M.B. Ch.B. (Edin.)  
(Maternity and Child Welfare Medical Officer)

## STATISTICS

### Birth-rate

There were 2,160 male births and 2,077 female births, a total of 4,237, giving a birth-rate of 14.8 per 1,000 population.

Of the total births (4,237), 250 were illegitimate (135 males and 115 females), giving an *illegitimate birth-rate* of 0.87.

### Stillbirths

There were 90 stillbirths, 60 males and 30 females.

From detailed records compiled of all stillbirths, the following summary has been made :

Confined in hospital	..	..	..	..	72
Confined at home	..	..	..	..	18
Condition of the foetus :					
(a) Macerated	..	..	..	..	43
(b) Not macerated	..	..	..	..	47
Duration of pregnancy :					
(a) 28 weeks	..	..	..	..	2
(b) 29 "	..	..	..	..	1
(c) 30 "	..	..	..	..	5
(d) 31 "	..	..	..	..	3
(e) 32 "	..	..	..	..	8

(f) 33 weeks	..	..	..	..	1
(g) 34 „	..	..	..	..	3
(h) 35 „	..	..	..	..	2
(i) 36 „	..	..	..	..	12
(j) 37 „	..	..	..	..	4
(k) 38 „	..	..	..	..	10
(l) 39 „	..	..	..	..	1
(m) 40 „	..	..	..	..	34
(n) 41 „	..	..	..	..	1
(o) 42 „	..	..	..	..	3

Parity of the mother :

Para 1	..	..	..	..	..	42 (one case of twins)
„ 2	..	..	..	..	..	16
„ 3	..	..	..	..	..	9
„ 4	..	..	..	..	..	7
„ 5	..	..	..	..	..	5
„ 6	..	..	..	..	..	5
„ 7	..	..	..	..	..	2
„ 10	..	..	..	..	..	2
„ 11	..	..	..	..	..	1

The causes of the stillbirths were :

Ante partum hæmorrhage	..	..	..	14
Abnormal presentation	..	..	..	9
Toxæmia of pregnancy	..	..	..	7
Prolapsed cord	..	..	..	5
True knot in cord	..	..	..	2
Premature separation of placenta	..	..	..	1
Placental insufficiency	..	..	..	4
Maternal disease	..	..	..	1
Malformation of fœtus	..	..	..	14
Post maturity	..	..	..	2
Prematurity	..	..	..	1
Rh. negative with antibodies	..	..	..	2
Difficult delivery	..	..	..	5
Atelectasis	..	..	..	3
Premature inspiration	..	..	..	1
Accident to mother	..	..	..	2
Not known	..	..	..	17

From an analysis of the stillbirths, the following observations are made :

- (1) Concerning the 18 domiciliary confinements, a Municipal Midwife was in sole charge of the pregnancy in only five of the cases.

- (2) Concerning the 72 stillbirths reported from Hospital, 22 were admitted as emergencies and were not booked for hospital confinement.
- (3) The duration of pregnancy was 40 weeks in 34 of the stillbirths.
- (4) The pregnancy ended in a stillbirth in 42 women pregnant for the first time and there is a marked reduction in the incidence as the parity increases.

Detailed records of all stillbirths have been kept for a number of years in the hope that some definite conclusions will be drawn concerning the persistence of the high rate of stillbirths, while the infant death-rate declines.

### Infant Mortality Rate

Number of deaths in infants under one year	..	99
Corrected number of births	.. ..	.. 4,237
Infant death-rate	.. ..	.. 23.4

From our local figures, the following summary of 97 of the infant deaths has been made (the difference being accounted for by two deaths which occurred outside the city area).

#### Onset of illness :

Home	.. ..	45
Hospital	.. ..	52

#### Place of death :

Home	.. ..	23
Hospital	.. ..	74

#### Parity of mother :

Para 1	.. ..	34
„ 2	.. ..	19
„ 3	.. ..	10
„ 4	.. ..	9
„ 5	.. ..	10
„ 6	.. ..	4
„ 7	.. ..	5
„ 8	.. ..	1
„ 9	.. ..	2
„ 10	.. ..	1
„ 11	.. ..	1
Not known..	.. ..	1

Duration of illness :

Under 24 hours	..	..	..	..	38
1 day—1 week	..	..	..	..	26
1—2 weeks	..	..	..	..	4
2—4 weeks	..	..	..	..	2
1—2 months	..	..	..	..	8
2—3 months	..	..	..	..	5
3—4 months	..	..	..	..	5
5—6 months	..	..	..	..	3
7—8 months	..	..	..	..	1
8—9 months	..	..	..	..	4
10—11 months	..	..	..	..	1

Type of home :

Well-to-do ..	..	..	..	..	2
Comfortable	..	..	..	..	65
Poor ..	..	..	..	..	29
Institution ..	..	..	..	..	1
Attended Child Welfare Centre ..	..	..	..	..	12

From the above analyses the following observations are made :

- (1) The initial illness occurred more frequently in hospital, but half of the infants taken ill at home were transferred to Hospital.
- (2) The duration of the illness was under 24 hours in 38 of the deaths and under one week in 26, making 64 per cent of the total deaths.
- (3) The infant death was associated with the first pregnancy in 34 mothers.
- (4) In only 29 cases was the home classified as poor.

From an analysis of the cause of death, according to our local records, and not for comparison with the Registrar-General's figures, the following observations are made :

- (1) Congenital malformations accounted for 20 of the deaths.
- (2) Prematurity accounted for 19 deaths. (Details of premature infants will be found on page 95 of the report).
- (3) Violence accounted for two deaths ; one an accidental suffocation in a cot and the other due to inhalation of vomit.
- (4) Of the 99 deaths, 62 occurred before the end of the first week.

## Maternal Mortality

Number of deaths during the year	..	..		1
From Puerperal Sepsis	..	..	—	
From other accidents and diseases of pregnancy and parturition		..	1	
			<hr/>	
Total	..	..	..	1
			<hr/>	
			1955	1954
Rate per 1,000 live and stillbirths	..		0.23	0.44
Puerperal Sepsis Rate	..	..	—	0.22
Figures for England and Wales :				
Maternal Mortality Rate	..	..	0.64	0.69

Concerning the death, which occurred in Hospital, the cause was :

“Intense shock and mild hæmorrhage, severe eclampsia”.

TABLE 8. City of Leicester

# INFANT MORTALITY DURING THE YEAR 1955

Net Deaths from stated Causes at various Ages under 1 year of Age.  
(LOCAL FIGURES)

CAUSE OF DEATH	Under 1 Wk.	1 to 2 Weeks	2 to 3 Weeks	3 to 4 Weeks	Total under 1 Month	1 to 3 Mths.	4 to 6 Mths.	7 to 9 Mths.	10 to 12 Mths.	Total Deaths under 1 Year
All Causes Certified ..	62	2	2	2	68	16	9	5	1	99
Congenital Malformations.	11	2	1	1	15	4	—	1	—	20
Birth Injuries .. ..	6	—	—	—	6	—	—	—	—	6
Atelectasis .. ..	18	—	1	—	19	—	—	—	—	19
Premature Births .. ..	16	—	—	—	16	1	—	—	—	17
Diarrhœa, etc. .. ..	—	—	—	—	—	1	—	1	—	2
Convulsions .. ..	—	—	—	—	—	—	—	—	—	—
Asphyxia Neonatorum ..	3	—	—	—	3	—	—	—	—	3
Hæmolytic Disease of the Newborn .. ..	4	—	—	—	4	—	—	—	—	4
Pemphigus Neonatorum ..	—	—	—	—	—	—	—	—	—	—
Rickets .. ..	—	—	—	—	—	—	—	—	—	—
Hæmorrhagic Disease of the Newborn .. ..	1	—	—	—	1	—	—	—	—	1
Tuberculous Meningitis ..	—	—	—	—	—	—	—	—	—	—
Abdominal Tuberculosis ..	—	—	—	—	—	—	—	—	—	—
Other Tuberculous Diseases	—	—	—	—	—	—	—	—	—	—
Meningitis ( <i>Not Tuberculous</i> )	—	—	—	—	—	—	—	—	—	—
Bronchitis .. ..	—	—	—	—	—	4	2	—	—	6
Pneumonia (all forms) ..	—	—	—	1	1	1	3	3	—	8
Syphilis .. ..	—	—	—	—	—	—	—	—	—	—
Intussusception & Intestinal Obstruction .. ..	—	—	—	—	—	—	—	—	—	—
Heart Disease .. ..	—	—	—	—	—	—	—	—	—	—
Whooping Cough .. ..	—	—	—	—	—	—	1	—	—	1
Measles .. ..	—	—	—	—	—	—	—	—	—	—
Cerebro-spinal Fever ..	—	—	—	—	—	—	—	—	—	—
Ant. Poliomyelitis .. ..	—	—	—	—	—	—	—	—	—	—
Diphtheria .. ..	—	—	—	—	—	—	—	—	—	—
Other Infective Diseases ..	—	—	—	—	—	2	—	—	1	3
Malignant Neoplasms ..	—	—	—	—	—	1	1	—	—	2
Violent Causes .. ..	—	—	—	—	—	—	2	—	—	2
Other Causes .. ..	3	—	—	—	3	2	—	—	—	5

Net Births in {legitimate, 3,987  
the Year {illegitimate, 250

Net Deaths in {legitimate infants, 89  
the Year of {illegitimate infants, 10

# NATIONAL HEALTH SERVICE ACT, SECTION 22

## CARE OF MOTHERS AND YOUNG CHILDREN

### Health Visiting

(Corresponding figures for the previous year are shown in brackets)

Number of first visits to children under one year old ..	4,225	(4,452)
„ „ revisits to children under one year old ..	20,407	(17,221)
„ „ visits to children one to five years old ..	35,993	(27,579)
„ „ first visits to ante-natal cases .. ..	1,001	(227)
„ „ other visits to ante-natal cases .. ..	369	(133)
„ „ visits to tuberculous patients .. ..	6,823	(6,647)
„ „ visits re Mantoux testing .. ..	194	(297)
„ „ visits concerning infant deaths and stillbirths	61	(52)
„ „ visits concerning after-care .. ..	254	(186)
„ „ visits to diabetes patients .. ..	1,262	(1,549)
„ „ visits concerning applications for convalescent home accommodation .. ..	115	(136)
„ „ other visits (no access) .. ..	13,233	(9,966)
„ „ other visits (not classified) .. ..	3,832	(5,866)
Totals .. ..	87,769	(74,311)

### Attendances of Health Visitors at Clinic and other Sessions :

Child Welfare Centres .. .. .	2,784
Ante-Natal Clinics .. .. .	640
Birth Control Clinics .. .. .	198
School Sessions (including Minor Ailments and Scabies Clinics) .. .. .	4,744
Diphtheria Immunisation and Vaccination Clinics ..	49
Chest Clinic .. .. .	445
Hospital Sessions .. .. .	491
Deaf Clinic .. .. .	354
Others .. .. .	348
Total .. .. .	10,053

The figures show an increase in :

- (1) The amount of visiting done, which was expected as there was a marked increase in the number of qualified health visitors on the staff. Throughout the whole year there were never less than 36 health visitors employed by the Health Department in addition to a maximum of 10 school nurse/health visitors employed by the Education Department, who also do combined duties.

While it is true that some of the staff do not remain beyond their contract period, nevertheless they make their contribution to the work of the department.

- (2) All health visitors appointed now undertake combined duties as is evident in the increase in attendance at school clinic sessions, which item more than accounts for the increase in the clinic sessions total.

- (3) The number of “no access” visits has tended to rise and shows a rather alarming increase this year.

It is a serious loss of health visitors’ time to have paid over 13,000 such visits in a year, but there does not seem any solution to the problem.

## Deafness in the Young Child

Details of the establishment and the scope of this pioneer clinic were included in the report for 1952.

The following is a summary of the work during the year under review :

Number of clinic sessions held (for ascertainment and for training)	..	..	..	..	..	57
Number of new children referred (including 20 from other Local Authorities)	..	..	..	..	..	34
Number of children attending	..	..	..	..	..	60
Number of attendances made by the children	..	..	..	..	..	308
Average attendance of children at each clinic	..	..	..	..	..	5

### Source of recommendation :

Medical Staff of Health Departments	..	..	..	..	20
Ear, nose and throat surgeons (direct)	..	..	..	..	6
Pædiatricians	..	..	..	..	3
Health Visitors	..	..	..	..	3
General Practitioner	..	..	..	..	1
Tuberculosis unit	..	..	..	..	1
					—
Total	..	..	..	..	34
					—

Number of children who have attended for the first time . .	34
Number of children who, after adequate investigation, have been shown to have normal hearing . . . .	14

*Results of Tests of Hearing :*

Children who have acuity over the whole range of speech frequencies . . . . .	14
Children who have hearing over part of the range of speech frequencies . . . . .	2
Children who possess merely an island of hearing . .	5
Children who have not yet responded reliably to tests . .	8
Children who have not yet responded to any sound stimuli . . . . .	5

*Results of Guidance and of Training :*

Children whose parents have had guidance about home training over a period of time, varying from one to nine months. (This is in addition to the guidance during tests of hearing) . . . . .	6
---	---

Children who have been recommended to a School for  
the Deaf :

(a) Before having Home Training . . . . .	—
(b) After having Home Training . . . . .	6
Children who are lip reading . . . . .	5
Children who are watching for speech, but cannot as yet be said to be lip reading . . . . .	1
Children who are having auditory training with Hearing Aids in connection with lip reading . . . . .	6

Children who are already beginning to talk :

(a) Those who have some naturally acquired speech . .	2
(b) Those who are deaf who, through lip reading, have begun to frame with their lips, a few words in phrases . . . . .	—
Children referred and found to be deaf but did not re-attend . . . . .	1
Children over the age of 5 years, known to be deaf, who were referred for special investigations . . . . .	5

Summary of the ages of the 34 children who attended the clinic for the first time in 1955.

5 months	..	..	..	..	..	2
1 year	..	..	..	..	..	3
2 years	..	..	..	..	..	5
3 years	..	..	..	..	..	15
4 years	..	..	..	..	..	—
5 years	..	..	..	..	..	9

The age of the child who was watching for speech was two years.

The ages of the five children who have begun to lip read range from two years to three years.

The ages of the six children who are having auditory training range from two years to three years.

### Screening Tests

The following are details of the 1,613 Screening Tests carried out during the year :

Number of children tested up to 31st December, 1955	..	1,613
Number of children who passed at the first test	..	1,594
Number of children who failed at the first test	..	19
Of the 19 failures, number who passed at the second test		12
Of the seven who failed at second test, number who passed at the third test	.. .. .	3

Four children failed at the third test and three were referred to the clinic for further investigation. The fourth child was referred to the Pædiatrician and she had several defects.

The ages of the children tested were as follows :

Under 1 year	..	..	..	..	..	757
12—15 months	..	..	..	..	..	167
15—18 months	..	..	..	..	..	137
18 months—2 years	..	..	..	..	..	209
2—3 years	..	..	..	..	..	190
3—4 years	..	..	..	..	..	95
4—5 years	..	..	..	..	..	58
Total	..	..	..	..	..	1,613

Of the 1,613 children tested, 703 were tested at Infant Welfare Centres, 172 were tested at Day Nurseries, and 738 were tested at home.

The year's work has followed the pattern laid down at the inception of the clinic but has seen an increase in the number of screening tests of

hearing of children. In addition to the two health visitors who were selected to establish the clinic, two other health visitors have had training, both in screening tests and in the work of the clinic.

In addition, two health visitors from the County of Leicester have attended the clinic regularly in order to become proficient in the guidance and training.

It is intended that as soon as possible after the children reach the age of seven months they should have screening tests and several more health visitors were trained by the four health visitors attached to the clinic. In this way it has been possible to increase the number of screening tests carried out so that ultimately it will be a routine procedure at child welfare centres, day nurseries and in the homes of young children.

As mentioned in previous reports, the establishment of this special field of work for health visitors owes its success to the interest of Professor and Mrs. Ewing of Manchester. Mrs. Ewing continues to pay visits to the clinic and though they are less frequent than during the early years, we are fortunate to have her expert criticism and guidance to enable us to continue.

It is gratifying that the pattern set by Professor and Mrs. Ewing for this pioneer clinic in Leicester is one which is now being followed by many other local health authorities and it is a field of work in which the health visitor has a very special part to play.

### **Mobile Clinic**

During the year under review, the mobile clinic came into use and enabled us to take the services of the department to certain districts which had not previously been adequately served.

It soon became evident that any disadvantages of the mobile clinic were entirely offset by having convenient and hygienic conditions of work for the doctor and the health visitor. This is particularly so at the ante-natal clinics.

Within a few months of taking delivery of the clinic it was in use for nine sessions each week, leaving a minimum of time for the vehicle to be serviced.

The department is fortunate that the delivery and maintenance of the mobile clinic is carried out by the staff of the Health Department Ambulance Service and all personnel associated with the work of the mobile clinic have reason to be grateful for the expert and the willing help given to us at all times by the staff of the Ambulance Department.

## Ante-natal Clinics

The number of ante-natal attendances during the year 1955 was as follows :

Clinic	No. of Sessions	ATTENDANCES			
		First Visits	Re-Visits	Total	Avg. per Session
Cort Crescent . .	48	108	514	622	13
Crescent Street . .	48	166	535	701	15
Causeway Lane . . Wed.	52	115	462	577	11
Fri.*	17	19	78	97	6
Belgrave Hall . . Mon.*	17	49	145	194	11
Wed.	52	165	608	773	15
Newby Street . . a.m.*	17	62	150	212	12
p.m.	52	187	551	738	14
Braunstone Avenue . .	48	103	348	451	9
Aikman Avenue† . .	48	142	736	878	18
Southfields Drive a.m.	51	90	435	525	10
p.m.	51	91	386	477	9
Stocking Farm*† . .	31	52	274	326	11
Laburnum Hall*† . .	23	14	74	88	4
Humberstone Village*† . .	9	9	50	59	7
Goodwood Road*† . .	34	36	141	177	5
Totals . . . .	598	1,408	5,487	6,895	11

\*Causeway Lane, Friday session, closed after 6th May, 1955

Belgrave Hall, Monday session, closed after 2nd May, 1955

Newby Street, morning session, closed after 28th April, 1955

Laburnum Hall, opened 11th May, 1955, and closed 26th October, 1955

Stocking Farm, opened 9th May, 1955

Humberstone Village, opened 2nd November, 1955

Goodwood Road, opened 5th May, 1955

†Mobile Clinic

There has been a falling off in the number of patients attending at certain clinics, partly due to the movement of population on to housing estates where facilities for clinic work were not adequate. It was for these areas that the mobile clinic was required. When it came into use it was possible to revise the ante-natal clinic list and three clinic sessions were closed at Causeway Lane, Belgrave Hall and Newby Street (where there had previously been two weekly sessions), and alternative sessions were opened at Stocking Farm, Laburnum Hall and Goodwood Road.

It was ultimately found more desirable to hold the clinic for the Laburnum Hall area at Humberstone village.

### Post-natal Clinic

With the closure of one clinic session at Causeway Lane, it was possible to establish a central post-natal clinic for those patients attended by a midwife only, i.e. where a doctor was not booked and was not present at delivery. The clinic was opened for seven months of the year under review and the figures are as follow :

Number of sessions	..	..	..	29
First visits of patients	..	..	..	46
Revisits of patients	..	..	..	19

Patients come by appointment and the midwife present at the confinement is encouraged to attend if possible.

### Premature Infants

#### **Circular 20/44 of the Ministry of Health, dated 22nd March, 1944**

In the Table, there are 28 infants who were born at home and transferred to hospital and of these 22 survived up to the 28th day after birth.

Of the 69 premature infants born at home, and remaining at home, 66 survived to the 28th day. The remaining three all died within 24 hours of birth.

This survival rate of premature infants born at home is a tribute to the care and skill given to them by the midwives.

The special equipment, collectively known as the "Sorrento" outfit, is not being used as often as was anticipated. For the 69 infants cared for at home, "Sorrento" cots were used for only 13 of these babies. Midwives still find it difficult to accept responsibility for the safety and the care of the equipment in some homes, though these are the homes where the cot is most needed.

Concerning the 12 premature infants who remained in a nursing home, 10 survived to their 28th day. Of the remaining two, one died within 24 hours of birth and the other before the 28th day.

Concerning the 180 premature infants born in hospital, 152 survived to the 28th day. Of the 28 who did not survive, 18 died within 24 hours of birth.

# PREMATURITY

Number of premature live births notified (as adjusted by transferred notifications):  
 (a) In Hospital .. 180. (b) At Home .. 97. (c) In Private Nursing Homes .. 12. Total .. 289

Number of premature still-births notified (as adjusted by transferred notifications):  
 (a) In Hospital .. 37. (b) At Home .. 10. (c) In Private Nursing Homes .. - Total .. 47

WEIGHT AT BIRTH	PREMATURE LIVE BIRTHS															PREMATURE STILL-BIRTHS			
	Born in Hospital				Born at home and nursed entirely there				Born at home and transferred to Hospital on or before 28th day				Born in Nursing Home and transferred to Hospital on or before 28th day				Born in Hos- pital	Born at Home	Born in Nurs- ing Home
	Total	Died within 24 hrs. of birth	Sur- vived 28 days	Total	Died within 24 hrs. of birth	Sur- vived 28 days	Total	Died within 24 hrs. of birth	Sur- vived 28 days	Total	Died within 24 hrs. of birth	Sur- vived 28 days	Total	Died within 24 hrs. of birth	Sur- vived 28 days				
(a) 3 lb. 4 oz. or less (1,500 gm. or less)	26	12	10	1	1	9	1	6							17	3	-		
(b) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500—2,000 gm.)	34	4	26	8	-	7	-	6							9	3	-		
(c) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000—2,250 gm.)	37	1	35	14	1	6	-	6							5	1	-		
(d) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250—2,500 gm.)	83	1	81	46	1	6	-	4							6	3	-		
TOTALS ..	180	18	152	69	3	28	1	22							37	10	-		

## Ophthalmia Neonatorum

The number of cases of Ophthalmia Neonatorum notified during the year was four. The infants were all visited by the health visitor. One was removed to hospital and the others remained at home. In no case was there any impairment of vision.

## Birth Control Clinic

There are two weekly sessions devoted to this work, one at a central clinic and one on an outlying estate.

The following figures refer to the work done at both clinics during the year 1955.

	<i>City</i>	<i>County</i>	<i>Total</i>
Number of patients who sought advice ..	236	87	323
Number of patients who were accepted for advice .. .. .	234	85	319
Number of patients who were refused advice	2	2	4

Concerning the 319 women accepted for advice, the following are the medical reasons for which the advice was given.

<b>Husband :</b>	<i>City</i>	<i>County</i>	<i>Total</i>
Active Tuberculosis .. ..	7	1	8
Other diseases .. ..	6	3	9
<b>Children :</b>			
Congenital defect .. ..	3	2	5
<b>Patient :</b>			
Nervous debility .. ..	19	7	26
General debility .. ..	84	26	110
Pulmonary Tuberculosis .. ..	12	5	17
Heart disease .. ..	6	3	9
Kidney trouble .. ..	4	1	5
Toxæmia of pregnancy .. ..	8	4	12
Obstetric complications .. ..	25	14	39
Gynæcological conditions .. ..	5	1	6
Various other conditions .. ..	55	18	73

### Cases in which advice was refused

Advice was refused to four women, two city patients and two county patients. In two of them there were no medical grounds for the advice to be given and in two others advice was not possible owing to gynæcological conditions.

## Schools for Mothers and Child Welfare Centres

(Corresponding figures for the previous year in brackets)

Number of Child Welfare Centres	26	(25)
Number of Medical Weekly Sessions	27	(28)
Number of Sessions held ..	1,355	(1,418)
Total attendances of Mothers	48,218	(53,567)

### Total attendances of Children:

Under one year old ..	41,747	} 58,800	} (44,020)	} (62,636)
Over one year old ..	17,053			

### First visits of Children :

Under one year old ..	3,431	} 4,152	} (3,551)	} (4,145)
Over one year old ..	721			
Number of sessions at which a doctor was present ..	1,311			(1,370)
Number of children seen by a doctor .. .. .	19,095			(21,151)

During the year one of two weekly sessions held on a housing estate was closed as the attendances did not justify retaining it.

It was possible to re-distribute the child welfare centres with the coming into use of the mobile clinic and, with the exception mentioned above, the number of clinic sessions per week remained the same.

From the figures of attendances at these centres, it will be seen that there has been a falling off in the total attendances, though the number of first visits of children under one year is a satisfactory one.

It has been possible during the year for the health visiting staff to give more attention to collective teaching and to introduce group discussions amongst mothers. In addition, many appropriate films have been shown and we are grateful for the help we receive in this connection from the Health Education Assistant, Mr. Harris. This is a side of the work at welfare centres which needs extending so that the mothers may get the fullest benefit from their attendance at the centre.

The average number of children seen by a doctor at each session was 14.6.

## Promotion of Cleanliness and Good Habits and the Elimination of Verminous Conditions. (Circular 2,831 of the Ministry of Health, dated July, 1943)

### Ascertainment

The method and classification, as previously described, remain unchanged.

The number of children under five years of age known to the Department to be persistently verminous during the year under review was 13, and, as previously, they belonged to families where the mother was not unduly concerned about the presence of head lice.

### Method of Cleansing

In the comparatively small number of children requiring cleansing, members of the Department, including Home Helps, have assisted mothers to achieve the desired results.

### Treatment at Minor Ailments Clinics

The arrangements, as previously described, continue for the treatment of minor ailments at clinics which, for administrative purposes have passed to the Regional Hospital Board.

### Artificial Sunlight

The number of children referred to the clinic was 110, as against 157 for the previous year.

The number of children who completed treatment was as follows :

				<i>Good Results</i>		<i>Fair or Unchanged</i>		<i>Total</i>
				<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	
<b>Infants :</b>								
Rickets	..	..		8	3	—	1	12
Poor general condition	..	..		13	21	2	4	40
Anorexia	..	..		6	6	1	6	19
Respiratory catarrh	..	..		11	12	1	1	25
Asthma	..	..		1	1	—	—	2
Anæmia	..	..		—	2	—	—	2
Various	..	..		2	—	—	1	3
B.C.G. Reaction	..	..		—	1	—	—	1
				—	—	—	—	—
Totals	..	..		41	46	4	13	104
				—	—	—	—	—

### Other Clinics

There were 51 children under five years of age admitted to the Ear, Nose and Throat Clinic, 65 to the Eye Clinic, 311 to the Skin and Minor Ailments Clinic, 156 to the Orthopædic Clinic and one to the Rheumatism Clinic.

### Day Nurseries

By the end of 1955 there were no student nursery nurses in training under the Health Committee ; the training course arranged by the Education Committee continues and student nursery nurses will spend

some time in day nurseries in order to gain the necessary experience with children under two years old.

The Nursery Nurses' Hostels, of which there had been four, had become redundant and by the end of the year they had all been closed.

Bradgate Street Day Nursery closed on the 20th May as the land reverted to the owner.

The number of places at College Street was increased from 35 to 45 ; there were rooms available which had formerly been used by resident staff.

Attendances at each Day Nursery are detailed below :

<i>Day Nursery</i>	<i>Attendances</i>	<i>Daily Average</i>
St. Martin's .. ..	12,371	50.70
Glen Street .. ..	11,143	45.66
Fosse Road .. ..	6,461	26.47
Fairway .. ..	7,986	32.72
New Walk .. ..	7,928	32.49
College Street .. ..	10,070	41.27
Bradgate Street (closed 20th May, 1955) .. ..	3,003	30.64
Belgrave House .. ..	8,679	35.56
Bedford Street .. ..	11,258	46.13
Sparkenhoe Street .. ..	11,592	47.5
Frank Street .. ..	11,496	47.11
Number of children on the register .. ..	..	..538
Number of approved places .. ..	..	..485
(ex Bradgate Street)		
Average attendance in 1955 .. ..	..	..405.67

For several weeks during the year Fosse Road Day Nursery had to be closed because of serious trouble with the drains and this is reflected in the attendances.

With the closure of Bradgate Street Day Nursery and no alternative facilities in the vicinity, it has been necessary to persuade mothers to use Belgrave House Day Nursery though it has meant considerable inconvenience.

The attendances in some nurseries was also affected by sonne dysentery during which time no new children were admitted to these nurseries which, however, remained open.

The day nursery charge of 5/- per day per child remains, together with assessment according to ability to pay. This ensures that vacancies are granted only when the need is established.

The growing waiting list for admission to the nurseries is now a matter for concern.

### **Nurseries and Child Minders Regulation Act, 1948**

Of the industrial nurseries registered in 1948, two continued to function and are under the supervision of the Supervisory Matron of Day Nurseries.

During the year there were two persons who applied for registration as daily minders and they are supervised by the Superintendent Health Visitor, together with the appropriate district Health Visitor.

The number of daily minders registered is very small in a city where there is full employment for women—it never exceeds ten.

### **The Care of Illegitimate Children**

#### **Circular 2866 of the Ministry of Health, dated October, 1943**

In accordance with the provisions of the above Circular, a scheme has been in operation since 1st April, 1944, in collaboration with the Diocesan Moral Welfare Association.

Full details were given in the 1944 report.

Analysis of the work done during 1955 is as follows :

Number of cases notified by the City Health Department ..	250
Number of cases referred from other sources .. ..	31
	<hr/>
	281
	<hr/>

Practical ways in which mothers and children have been helped :

By admission to voluntary Homes and Hostels*	..	18
By provision of clothing, cots, prams, etc. .. ..	..	23
By finding foster homes or nursery vacancies .. ..	..	19
By finding work .. .. .	..	5
By assisting in application for affiliation orders ..	..	16
By assisting in cases where affiliation orders were made ..	..	5
By arranging private agreements and help from putative fathers.. .. .	..	15
By obtaining financial help from voluntary society ..	..	5
By advice and guidance on questions of adoption, affiliation, confinement arrangements, etc. .. ..	..	92

\*The fees paid to the Homes and Hostels were made up as follows :

Paid for by the City Health Department and mother's insurance .. .. .	3
Paid for by the City Health Department, parents and mother's insurance .. .. .	4
Paid for by City Health Department, mother's insurance and mother's savings .. .. .	5
Paid for by parents and mother's insurance .. .. .	2
Paid for by mother's savings and insurance .. .. .	2
Paid for by putative father and mother's insurance .. .. .	2
	<hr/>
	18
	<hr/>

Position of children at the end of the year :

Living with unmarried mother in her own home ..	37
Living with unmarried mother in lodgings .. ..	7
Living with unmarried mother in Home or Hostel ..	3
Living with mother married to putative father .. ..	4
Living with mother married to another man .. ..	1
Living with parents who are not married .. ..	5
Living with foster parents .. .. .	4
Living in Local Authority Nurseries (temporarily) ..	5
Adopted or placed for adoption .. .. .	24
Mother removed before birth of child .. ..	4
Mother and child moved to other areas .. ..	1
Cases referred to other agencies .. .. .	4
Children died .. .. .	3
Miscarriage .. .. .	1
Children born in City from County address—referred to County Moral Welfare Workers .. .. .	28
Health Visitors' reports "No help required at present" (Of these, 79 were cases of co-habitation and there were 71 other cases)	150
	<hr/>
	281
	<hr/>

The Moral Welfare Association also dealt with 108 cases not included in the above figures ; 77 concerned children born before 1955 and 31 concerned mothers whose children are expected in 1956.

## Adoption of Children (Regulation) Act, 1939

The Leicester Diocesan Moral Welfare Association continues as the Registered Adoption Society for the City and County.

Details of the work of the Society during 1955 are as follow :

Number of applications from persons wishing to adopt a child	70
Number of children offered to the Society with a view to adoption .. .. .	57
Number of children taken into Hostels under the direct control of the Society pending adoption .. .. .	Nil
Number of children placed by the Society pending adoption in Foster Homes or Hostels not under the direct control of the Society .. .. .	13
Number of children placed with a view to adoption ..	47
Number of orders made in respect of children placed by the Society .. .. .	45
Number of children withdrawn from adopters during probationary period .. .. .	4
Number of children placed by the Society for adoption and awaiting orders at the end of the year .. .. .	17
Number of children in Hostels under the direct control of the Society at the end of the year .. .. .	Nil
Number of Children at the end of the year in Foster Homes or in Hostels in which they had been placed by the Society but which are not under the Society's direct control ..	Nil

## NATIONAL HEALTH SERVICE ACT, SECTION 23 MIDWIFERY

### Midwives

During the year 1955, 129 midwives notified their intention to practise. Of these, 34 were municipal midwives, seven were midwives in independent practice in registered nursing homes and one in independent domiciliary practice, the remaining 87 were practising in maternity hospitals and maternity homes.

### THE MUNICIPAL MIDWIFERY SERVICE SUMMARY OF WORK DONE BY MUNICIPAL MIDWIVES

Area	Cases Attended	Gas and Air Administered	Pethidine administered	VISITS		
				Post-natal	Ante-natal	Total
1	299	264	120	5,072	1,942	7,014
2	147	122	42	3,300	966	4,266
3	354	317	116	7,902	3,374	11,276
4	288	232	167	5,435	1,655	7,090
5	182	167	88	3,780	1,217	4,997
6	294	249	135	5,507	1,381	6,888
7	68	61	48	1,624	554	2,178
8	27	24	11	503	210	713
Part-time midwives	—	—	—	626	—	626
Totals	1,659	1,436	727	33,749	11,299	45,048

The establishment figure for municipal midwives was 28 but it has been maintained for only part of the year under review.

Three midwives exercised their option to retire in the early part of the year and later a married midwife resigned during her second pregnancy. Her partner then resigned to be married and later a midwife returned to her own home in the north of England and yet another transferred to a South coast town where she expects to be married. This loss of seven midwives at varying times of the year was met by the

appointment of four new midwives to the service. One of them had been a part-time midwife for a long period and she is available to work in any district in the city as required.

These somewhat unexpected changes of staff, together with maternity leave granted to a midwife, made the administration of the service very difficult at times.

In the second half of the year a Whitley Council award of an additional week's annual leave for midwives was made known and it was possible to grant this within the leave year.

The number of patients attended by the municipal midwives in 1955 was 1,659, i.e. 183 less than the previous year. This makes a case load of 59, but owing to staff changes, maternity leave and sick leave, the work was not evenly distributed.

In addition to the midwives, there is a varying number of pupil midwives who receive their district training with the 20 municipal midwives who are approved for this work by the Central Midwives' Board.

## Analgesia

It is gratifying to note that 1,436 of the 1,659 patients attended by midwives received gas and air analgesia (86%) and in addition pethidine (an analgesic drug) was administered to 727 patients.

We are pleased to place on record the co-operation of the staff of the City Ambulance Service in the matter of the delivery and the maintenance of the gas and air machines.

## National Health Service Act and Midwifery

The following figures indicate the distribution of the work between midwives and doctors concerning the 1,613 deliveries attended by midwives in the area during the year.

Deliveries attended by a midwife :

(a) (i)	When a doctor was not booked but was present at time of delivery	..	..	..	20
(ii)	When a doctor was not booked and was not present at time of delivery	..	..	..	372
(b) (i)	When a doctor was booked and was present at time of delivery	..	..	..	382
(ii)	When a doctor was booked and was not present at time of delivery	..	..	..	839
Total					1,613

## **Patients confined in Hospitals**

The scheme of notification to the Health Department of patients discharged from hospital has continued in operation during the year.

It has not been found possible for hospitals to notify the Department 48, or even 24 hours before discharge so that the notification is a verbal one with a written discharge note following by post.

All discharges before the tenth day are handed over automatically to midwives and also other discharges if the services of a health visitor are not available.

It seemed during the year itself that the amount of unforeseeable visiting to be undertaken by midwives, especially at week-ends or bank holidays, was heavier than ever and this proved to be so as the number of patients delivered in institutions and attended by domiciliary midwives on discharge and before the fourteenth day was 1,415, an increase of some 400 on the work of the previous year.

Midwives have, therefore, accepted the suggestion that their annual leave periods should not be round bank holiday times.

The most cordial relationship exists between Hospital Management Committee and the Department concerning patients who are recommended for hospital confinement on sociological grounds and we have cause to be very grateful for the fact that all our recommendations are invariably honoured, but it has created difficulties, particularly for the midwifery service (and also the Home Help Service), that so many patients for whom home confinement was not considered suitable, were sent home at a comparatively early stage in the lying-in period.

## **Flying Squad**

These facilities continue to be available and were used seven times during the year, four times when a doctor was present and three times when a midwife acted on her own initiative.

## **NATIONAL HEALTH SERVICE ACT, SECTION 24**

### **Health Visiting and the School Health Service**

The co-ordination of these two services, agreed in 1947, continues as each new appointment to the service of a health visitor is made, but it is inevitable, while there are members of the School Health Service who are not trained as health visitors, that combined duties cannot be undertaken by this section of the School Health Service staff.

### **Training School for Health Visitors**

This School was opened in July, 1948, and by the end of 1955, 173 persons had successfully passed their examination.

Of these, 66 were bursary students and they have joined the staff for a minimum period of 18 months.

Some bursary students decide beforehand to leave at the end of their contract, others remain for a shorter or longer period, while others intend to remain on the permanent staff.

It is the training school which has enabled us to approach our establishment figure of 36 health visitors (Health Department only) and it is not intended to review this figure at the present time.

## NATIONAL HEALTH SERVICE ACT, SECTION 26

### VACCINATION AND IMMUNISATION

#### Diphtheria Immunisation

Facilities for immunisation against diphtheria are available at all Child Welfare Centres at their weekly sessions and at Day Nurseries. There is also a central clinic at the Milk Depot, 13 Crescent Street, which is open each Saturday morning.

The following are the figures of the number of children immunised up to the 31st December, 1955.

Under 1 year of age	..	..	..	280
1 year of age	..	..	..	2,190
2 years of age	..	..	..	2,819
3 years of age	..	..	..	3,107
4 years of age	..	..	..	3,432
Total	..	..	..	<hr/> 11,828 <hr/>

Since 1951 there has been a gradual decrease in the number of children under one year who have been immunised. It is the considered opinion of the Department that the position will improve when we are able to offer immunisation against Whooping Cough as well as against Diphtheria.

#### Vaccination

Under the National Health Service Act, facilities for vaccination are provided at the clinic premises at 13 Crescent Street each Saturday morning (when another clinic is also held). The requests for vaccination are very few, namely 54 children and 26 adults vaccinated and 10 adults revaccinated.

## NATIONAL HEALTH SERVICE ACT, SECTION 28

The Health Visitor is taking on additional duties in the Department. She carries out the work of Tuberculosis Care and After-Care in her own district, and keeps in touch with the Tuberculosis Officer at the Chest Clinic.

In the absence of written information concerning discharges of patients from hospital, there is no routine method of follow-up and visits are paid only when a special request is made by the hospital staff. The exception to this arrangement is the after-care of children returning from hospital ; one health visitor is detailed to attend the hospital clinics with the Pædiatrician and by these personal visits and by telephone she supplies information required by the hospital and informs the health visiting staff of the wishes of the Pædiatrician.

The methods of follow-up of maternity patients is detailed under Section 23.

## NATIONAL HEALTH SERVICE ACT, SECTION 29

### DOMESTIC HELP

(Mrs. P. E. STEED, Organiser)

#### Home Help Service

#### Development of the Service, 1955

In the year under review, as in the two preceding years, we have to consider the development of the Home Help Service in terms of quality rather than quantity ; for the same financial stringencies prevented the full expansion of the service in numbers of staff employed and caused us to relate the quantitative problem of balancing unlimited demand with limited supply to improvements in the quality of service offered.

It is interesting to record that in spite of these financial limitations on recruitment and in a city which offers much well-paid employment for women there is still a steady flow of suitable applicants to join the Home Help Service, while within the service figures of turnover and loss of time through sickness tend to decrease. This may suggest that the old prejudices against paid domestic work can be overcome if a social work element is introduced and that the more intelligent worker, who is attracted by this element, acquires with experience a disciplined and responsible attitude towards her service to the community.

At the beginning of the year, knowing that the resources of staff would again have to be stretched, we took stock of our methods of organising their work. The service had been decentralised some years ago into five branches with the object of covering, on a district basis with the least possible delay, the short-term emergencies which then formed the bulk of the demand. Over the years our clients needing long-term help, old people, the chronic sick, families where the mother is incapacitated for a considerable time, have tended to increase in number and now form a majority. It was found on investigation that these clients made little use of branch offices for personal calls and could best be served by giving the responsibility for the care of each to one home help or one group of home helps working as a team, without fear of withdrawal. This work, with the emergency element removed, might well be planned centrally. A survey of initial inquiries for emergency help revealed that except in the outlying western area these were usually made to the headquarters of the service, now in more commodious premises at 138 Regent Road. It was therefore decided to close three branch offices and concentrate the work of the services on two offices, the headquarters and the western district office in Kirby Road.

Three members of the organising staff were thus released from daily general office duties and free to give guidance to home helps in their charge through discussion followed up by home visits on the lines which had been developed with success in one selected group ; and it was then possible to adapt methods of organising the staff to the changing nature of the service required. Two separate groups were based on each of the two remaining offices, one group for emergency work, including calls outside normal hours of duty, and the other for long-term general cases. In addition, at the office in Regent Road, three groups were based who needed special guidance, home helps in training, a group serving homes where there are patients suffering from infectious diseases and the group selected to care for families and old people where there are signs of social inadequacy.

Experience over the year of these new methods showed that the flexibility of the service and speed in dealing with emergency were preserved : at the same time organisers and home helps gained insight and were able to give more constructive help to meet individual needs.

### **Training of Home Helps**

In 1955 proposals to extend the length of the Preparation Course for home helps from two weeks to six weeks were put into effect. The course, originally planned to test the homecraft standards of applicants for enrolment, has over the years been revised and adapted to serve other purposes. Budgeting, home safety, simple home nursing, the work of other social services, human relationships, are some of the subjects now considered to be essential. It was difficult enough for those planning the course to press so much into two weeks but even more difficult for the students, most of whom had no formed study habits, to assimilate it. With the permission of the committee and the co-operation of the Education Department we proceeded to spread the course over a period of six weeks, interspersing lectures, demonstrations and discussion meetings with days of practical work in selected homes, so that theory could be related more closely to practice. A further six weeks of work under the supervision of the Deputy Organiser completes the probationary period and the home help is then permanently attached to the group for whose work she has shown the greatest aptitude. We record our thanks to Miss Wilson, Miss Ash and Mrs. Watt of the Education Department, Miss Bevington of the Welfare Department, Mrs. Tyler of the W.V.S. and Miss Ratcliffe, Mrs. Lewis, Miss Shute, Mr. Beresford and Mr. Harris of the Health Department, for their help in giving lectures and demonstrations.

A special course was arranged during the year for the home helps who

form the group working in homes where there are infectious diseases, with special reference to tuberculosis. Through lectures given by Dr. Connolly, Miss Ratcliffe, Miss Carter and the secretary of the Friends of Groby Road Hospital, the group widened their knowledge of the needs of these patients and their families and the services available to meet them. Facilities were provided for the group to have experience of practical work in the wards at the Isolation Hospital and the home helps were most appreciative of the guidance given by the Matron and staff on these occasions. Some members of the group have taken an active part in interesting patients in simple handicrafts.

Occasionally during the year when premises, staff and the exigencies of the service permitted, day or half-day refresher courses for experienced home helps were arranged. These proved so helpful that we are considering introducing them as a permanent feature of further training. Evening study circles continued until the autumn to consider aspects of the care of old people in their homes. A new series, which about fifty home helps are attending, is concerned with mental health. We are most grateful to Dr. Bostock, Mr. Collyer of the National Assistance Board, Miss Bevington of the Welfare Department and other speakers for their help with these study groups during 1955 and especially to Mr. Harris, the Health Education Assistant, for arranging film-shows.

We are also indebted to the Electrical Association for Women for lectures arranged to enable another group of home helps to gain the Association's certificate for homeworkers. The examination results made a record with fifteen passes, ten with credit and one with distinction.

### **Other Activities**

Two Leicester home helps were the British delegates at an International Conference of Home Helps held in Oslo last August. They brought back an interesting account of the development of the service in European countries. While they were there they showed the film strip of the Leicester service and gave talks on their work. A party of seventeen Norwegian home helps is making a return visit to Leicester in 1956.

Under the auspices of the Greensleeves Club parties were arranged during the year for old people and for the children of needy families in our care. Throughout the year we received many useful gifts of furniture and clothes which we were able to distribute. At Christmas, parties of home help carol singers again visited all our old people with gifts. We were glad to see that some of our socials, organised to raise money for these purposes, were attended by parents of so-called "problem" families.

## The Work of the Service during 1955

The following statistics give an indication of the relative demand for the service in the different categories of emergency in the home covered by Section 29 of the National Health Service Act.

### Homes Helped

<i>Emergency</i>	<i>No. of Homes covered</i>
(i) Maternity .. .. .	760
(ii) Child Welfare .. .. .	370
(iii) Tuberculosis .. .. .	112
(iv) Chronic sick, including aged and infirm ..	2,054
(v) Short-term sickness .. .. .	160
<b>Total .. .. .</b>	<b>3,456</b>

The duration of help received varied from one day in a few emergencies in groups (ii) and (v) to twelve months in groups (iii) and (iv).

A clearer picture of the scope of the service is given by the following statistics of homes and persons helped during a sample week when there were 236 Home Helps on duty :

### Week ending 16th December, 1955

#### (a) Homes helped :

<i>Emergency</i>	<i>No. of Homes covered</i>
(i) Maternity .. .. .	36
(ii) Child Welfare .. .. .	62
(iii) Tuberculosis .. .. .	48
(iv) Others .. .. .	960
<b>Total .. .. .</b>	<b>1,106</b>

#### (b) Persons helped :

<i>Group</i>	<i>No. of Persons</i>
(i) Mothers .. .. .	36
(ii) Children .. .. .	311
(iii) Tuberculous People .. .. .	56
(iv) Old People .. .. .	1,042
(v) Sick People .. .. .	185
(vi) Other members of the family ..	247
<b>Total of Persons helped ..</b>	<b>1,877</b>

The Ministry of Health Circular 27/54 concerning the prevention of break-up of families stimulated interest in the preventive work which was already being undertaken by a selected group of home helps among known "problem" families. Our help was sought from time to time during the year for families reported to the Medical Officer of Health as Co-ordinating Officer for children neglected or ill-treated in their own homes. Other sources of referral outside the department were the Children's Department, the National Assistance Board, the Probation services and hospital almoners. Now that this special branch of the service has become well-established we find that many of the families referred are already known to us ; for the home help doing this work in districts where there are a number of families whose standards of living are below accepted levels, becomes in one sense a neighbourhood worker, familiar with people up and down the street who are not officially receiving help from the service.

During 1955 the number of families in group (ii) of the first table of statistics referred or known to us as "problem" families was 72. Of these, 16 needed, and may continue to need, sustained practical help owing to the physical or mental incapacity of the mother ; 30 received intensive practical help for a period of several weeks followed up by regular and frequent visits when practical help was given ; and 28 families, rehabilitated in previous years, were visited occasionally, sometimes as a friendly call and sometimes at their own request if a domestic crisis threatened or an emergency, through physical illness, made them eligible for a period of practical help from the service in the normal way.

An interesting development of this branch of the service is that it is now used not only to prevent the threatened break-up of families but to restore families already broken up by re-uniting them in their homes. The following is an illustration :

We were called one evening to look after a little boy suffering from influenza and living alone with his father. We learned that seven other children were in the care of the Children's Department, three under a commital order. The mother was now a patient in a mental hospital. The house was in a neglected condition with little or no furniture since it was open to the world all day while the father was away.

A home help working near took care of the little boy until he was able to return to school and later took him away with her for a holiday by the sea. She kept an interest in the family, visiting the mother in hospital, keeping an eye on the house, helping the father to redecorate it and, by going to work regularly, to put money by to refurnish it. When there were enough chairs the children were allowed to come home occasionally on a Sunday visit.

After a few months the mother was able to return home. With the friendly support and guidance of the home help she made good progress although her mental powers were very limited. The father was encouraged to have a more understanding attitude towards his wife's limitations. When the conditions in the home and the emotional atmosphere seemed reasonably stable the children in care were allowed to return. They now have the normal life of an affectionate family with the mother as the pivotal figure although she will need sustained help until the two older children, both girls, are able to take over some of the more responsible tasks, such as managing the family budget. The elder of these, aged 15, is mentally backward but she is in regular work and arrangements have been made, with the help of the Mental Health Department, for her to attend special classes in reading and writing. The father is working steadily, giving most of his wages up for the care of the family. He is held in regard by his employers.

In Table II(b) which gives a survey of a week's work in terms of individuals who received help from the service, it is interesting to note the very high proportion of old people among them and to compare the figure of 1,042 with the number of old people helped in the corresponding week of 1954, which was 770. Many of these old people are ambulant and can do much to help themselves. Through our new methods of organisation they now have their own home help to whom they can turn in any difficulty and who knows just how much help is needed to keep them active and healthy. Through information given during the Preparation Course, discussion meetings and study circles, the home helps are knowledgeable about such subjects as supplementary allowances, new spectacles and dentures, meals on wheels and simple handicrafts. Four home helps who have an aptitude for this work give special attention to the care of hair, hands and feet of old people and invalids in our care, covering the city between them on bicycles. It has been especially interesting to observe how much more active some of our older clients have become now that they have regular pedicure, perhaps the one detail of personal care which presents the greatest difficulty as we grow old.

It is difficult to assess the value of the contribution which the work of the Home Help Service makes to the health and well-being of the people of this city. Measuring our influence by facts and figures we can say that during 1955 one in every twenty-five occupied houses in the city at some time received the services of a home help. It is also possible to say that if there had been no Home Help Service in Leicester in 1955 the financial burden on the community for the care of sick people would have been considerably heavier. In order to make a rough estimate of

this burden a survey has been carried out of all the homes covered by the service during the year and those selected where there were patients for whom, in spite of other specialised services available to them in their homes, accommodation would have had to be provided in hospitals or sanatoria had there been no home help to supply background care. The probable duration of their stay was also recorded. These statistics which, it must be emphasised, are very approximate, are given below :

Patients who, but for the help of the Service in 1955, would have required hospital accommodation :

Type of Hospital	Number of Patients	Time in Hospital
Maternity .. ..	504	600 weeks
Sanatoria .. ..	96	1,496 ..
General—Short-term	100	483 ..
Long-term	605	9,075 ..
Totals ..	1,305	11,654 weeks

Allowing a large margin for error it will be seen that the money saved would more than cover the whole cost of the Home Help Service for the financial year 1955 to 1956 which was in the region of £80,000.

**GENERAL**

**Registered Nursing Homes**

Every effort is made to ascertain any unregistered nursing home. During the year there was one such home caring for old people and the person in charge was advised and agreed to discontinue this home.

It is the policy of this Department to refer to the Welfare Department premises where old people are cared for but which are not considered for registration as a nursing home.

**Nurses' Bureau**

There is one Bureau registered at 110 Howard Road.

E. B. BERENICE HUMPHREYS.

May, 1956

**TABLE 9**

**LIST OF**

**REGISTERED NURSING HOMES**

**(INCLUDING MATERNITY HOMES)**

ADDRESS					NO. OF BEDS
9 Mere Road	..	..	..	..	1
Stoneygate Nursing Home, Stoneygate Road	..				10
39 Scraptoft Lane	..	..	..	..	8
"Broadview," Goodwood Road	..	..		..	5
Central Nursing Home, 6 University Road	..				15
Sundial Nursing Home, Aylestone Road	..			..	20
St. Francis Private Hospital, 362 London Road	..				31
Springfield Road Rest Home, 35 Springfield Road	..				8
The Lawn Nursing Home, London Road	..			..	22
Dane Hills Convent	..	..	..	..	56
"Ava," Ratcliffe Road	..	..	..	..	11

# Maternity and Child Welfare Dental Service Report for 1955

by

C. A. REYNOLDS, L.D.S. R.C.S.

Chief Dental Officer

The staffing position during 1955 of the dental service of the Local Authority which provides treatment for school children and for expectant and nursing mothers and pre-school children was much the same as that of the previous year. At the end of the year there were five full-time dental officers and one part-time.

The number of sessions devoted to the maternity and child welfare dental service has been considerably less than the recommended one-eleventh of the staff's time because there were not sufficient patients referred from the ante-natal and welfare clinics.

Although one session each week has been allowed for this work at each of three clinics, London Road, Overton Road, and Cort Crescent, at the former two only the equivalent of 15 and 37 respectively were held; at Cort Crescent, however, there were 55 sessions. The treatment of day nursery children, which was not started until September, should lead to an increase in the number of sessions to show in the next report.

Details of treatment are shown in the tables. The treatment figures for mothers are disappointing, not only in that so few were treated, but also of these so few attend for conservative work. That only 99 teeth were filled compared with 707 extracted would indicate that only those with obvious dental defects are attending for treatment. There is no doubt that the service is useful in eliminating and replacing septic and aching teeth, but it would be still more useful if those mothers with good dentitions could be encouraged to attend the dental clinics for inspection so that early defects could be detected and treated.

Dentures were provided for 47 patients, 18 of whom had full upper and full lower dentures. All prosthetic work is carried out at the laboratory at Overton Road.

For pre-school children the service has been extended on the recommendation of the Ministry of Health to cover the inspection and treatment of the day nurseries. This commenced in September and by the end of the year four day nurseries had been visited. The treatment acceptance rate was very satisfactory. Of 47 children referred for treatment only one did not accept. The majority of those referred needed fillings. The co-operation from all concerned with the day nurseries has been splendid and the small patients have proved very delightful and appreciative.

Apart from day nursery children, 135 other pre-school children attended. For these treatment called for was almost wholly limited to extractions for relief of pain.

MATERNITY AND CHILD WELFARE SERVICE, 1955

(a) Numbers provided with Dental Care :

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers . .	176	168	163	109
Children under 5 . .	294	188	169	150

(b) Forms of Dental Treatment provided :

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extrac- tions	General Anaes- thetics	Dentures Provided		Radio- graphs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers . .	56	99	—	—	707	—	53	23	1
Children under Five . .	—	65	2	—	357	82	—	—	—

## Report of the City Analyst for the year 1955

by

F. C. BULLOCK, B.Sc., F.R.I.C., P.A.Inst.W.E.  
(Public Analyst and Official Agricultural Analyst)

*To the Chairman and Members of the Health Committee :*

I have the honour once more to submit my annual report on the work carried out in the City Analyst's Laboratory. It refers to the analytical work and other activities during the year 1955.

The total number of samples examined is again well over the 10,000 mark ; and while it must be recorded that the work done has provided many interesting problems and kept the staff wholesomely occupied throughout the year, I feel a certain diffidence in attempting year by year to produce a readable report, containing anything of novelty.

Once again there has been a 30 per cent change over in the personnel of the department. Mrs. Porter, one of the clerks, left for domestic reasons and was succeeded by Miss Kimpton in July. Mr. M. Barker resigned to take up a position in industry, after having been with us for two years ; his place was filled by Mr. A. Twigger. Mrs. Elliott left at the end of the year, also for domestic reasons, and the vacancy caused by her resignation was later filled by the appointment of Mr. M. Astill on completion of his National Service. Both Mr. Barker and Mrs. Elliott joined the staff as juniors, and after training in the laboratory were doing fundamental and useful routine work. We must regard our output nowadays, not only as decisions and reports on samples submitted, but also as including a steady stream of junior technicians who become, what may be described as a very visible export into industry or other spheres.

It was realised during the year that there was a certain disbalance in the qualified and unqualified staff, and the principle was approved by the Health Committee, and later confirmed by the Finance Committee that a further qualified assistant be appointed in APT IV. Only two

applications were received and no appointment has yet been made (1st May, 1956).

To the rest of the staff, who were in the department throughout the year, and still remain with me, I take this opportunity of recording my sincere appreciation of their loyalty and industry in coping with all that has been asked of them. My special thanks are due to the deputy Mr. Pike, and to Mr. Cassidy who has specialised on problems in connection with water treatment and analysis, and has now become a valued member of the staff.

The co-operation of Mr. Stacey, the Sampling Officer, has been appreciated throughout the year. I would also like to acknowledge here the undoubted interest of the Medical Officer of Health, and members of the department of the Town Clerk in much of our work.

My attendances at meetings of the Health Committee have also assured me of the close interest taken by yourself and all members of the Health Committee, and this has been a definite source of encouragement.

I have the honour to be,

Your obedient servant,

F. C. BULLOCK

The time of writing one's Annual Report is essentially an occasion to take stock—mentally, at any rate—of one's profession, to consider whether or not it is adequately fulfilling its function in the community ; what changes from outside are affecting it ; and whether or not it is evolving healthily to accommodate itself to these changes.

When one is normally immersed in a mass of detailed work, both technical and administrative, it is refreshing and salutary to devote a little time, once a year, to the philosophy of one's subject.

The practical basis of a Public Analyst's job is the analysis of samples, in order to obtain information about the prevailing quality of the foods and drugs on sale in the local area ; these samples may be taken at random, and as a routine, or may be submitted from outside by private persons for specific purposes—to elucidate, for instance, the cause of an abnormal appearance or taste, or to explain pathological symptoms caused by their consumption.

The underlying purpose of the Public Analyst's work is, as has so often before been stated, to protect the pocket and health of the public, in so far as they are affected by the foods and drugs they buy and consume. This object can probably best be attained by a judicious amount of miscellaneous sampling ; by a critical study of methods of manufacture, whenever opportunities occur ; by the education, within our competence, of manufacturers, wholesalers and retailers ; and by publicity designed to encourage the public to submit for examination articles which appear to be abnormal ; and finally, by co-operation with all reputable producers and manufacturers.

No self-respecting Public Analyst is content to regard his job merely as one of scalp-hunting. He should not multiply sampling and analysis *ad nauseam*, in the hope that at least a percentage of the samples he receives will infringe the law, and that convictions and fines will ensue. But, in the public interest, he does have to maintain a state of affairs which may be likened to a condition of cold warfare (for defensive purposes only !), so that any attempts to put on the market unwholesome or unworthy foodstuffs, or worthless drugs, will only be made at considerable risk. For certain offenders, this cold warfare may need to be "hotted up" on occasions, to the extent of invoking the full powers of the law, with consequent fines, or imprisonment, or adverse publicity if a conviction results. Such extreme measures are not often necessary ; nor indeed, in the opinion of the writer, are they always appropriate.

The importance which high level authority attaches to pure food in relation to health is indicated by the passing of the recent Food and

Drugs Act, 1955, with the ancillary Food Hygiene Regulations, both of which came into force on the 1st January, 1956.

These enlightened enactments take note of modern trends in food manufacture and distribution ; they provide for public protection from the ill-effects which can result from the use of old-fashioned, unhygienic, primitive methods on the one hand, and from adulterations with new synthetic chemicals, on the other hand. These chemicals may be introduced deliberately by an over-enthusiastic and premature application of the discoveries of modern chemical technology, or accidentally, as residues of detergents, insecticidal sprays, etc.

Although the pioneer Public Analysts of a past generation exposed the crude practices of their time—the chicory in coffee, and copper sulphate in peas type of adulteration—so that such practices are now not only illegal but almost obsolete, much (some people probably think all) processed food on the market today is still in one way or another unsatisfactory. Thus, an expanding horizon opens up before the Public Analyst of the present time, with new problems arising faster than old ones are solved. A partial reorganisation of the service may, in fact, have to be considered in the light of changing conditions.

As an instance, the old chemical preservatives, boric acid, formalin, salicylic acid, and sodium fluoride were made illegal over 30 years ago, when the record of the bad effects on health of these chemicals had been sufficiently established. Today, to take but one instance, anti-biotics are ingeniously being tried out to preserve imported meat cargoes. These experiments may, in due course, prove to be an excellent thing ; on the other hand, it may be ascertained by experience, that the daily ingestion of anti-biotics may prejudice their undoubted usefulness for therapeutic purposes ; and until they are proved suitable for food preserving purposes, their irresponsible use must be checked. Hundreds of new chemicals are similarly available, as preservative agents, anti-staling agents, mould preventives, insecticides, etc., and all may gain access to foodstuffs. The present law provides that their harmlessness be fully proved, before their inclusion in foodstuffs, whether accidental or otherwise, is justified and permitted ; and a whole field of new investigational work requiring up-to-date methods opens up.

Concurrently with their becoming evident, changes likely to affect the incidence of food adulteration have been mentioned in previous reports.

1. A consequence of the large-scale bulking of milk, prior to pasteurisation, is that any considerable amount of extraneous water present in individual churns of milk loses its identity in the ultimate bulk ; it

becomes, as it were, diluted with so much milk as to defy detection. As far as the consuming public itself is concerned, this is not likely to be an important matter today, since most big dairy concerns keep their own laboratories, and make systematic analyses, whereby they are in a position to weed out dubious supplies.

2. The almost universal demand for pre-packed foods today (thought by some to be an inevitable development of the acceptance of the Quantum theory !) has been taken to very kindly by large-scale manufacturers. It makes distribution by retailers convenient and efficient ; it lends itself to the methods of chain stores and self-service shops ; and fits in very well with the modern principles of food hygiene. (To discuss the litter problem which is an unfortunate corollary of prepacking, does not come within our terms of reference.)

The Labelling of Food Order, 1953, establishes, among other things, the name of the firm responsible for the quality of the contents of these packages, the manufacturer thereby being put on his mettle. These firms are usually large enough to include in their activities not only a publicity department, but also a quality control laboratory. They probably also engage legal consultants. If, in addition, the principle of expiry dates stamped on wrappings were more widely adopted, the public could have a high degree of protection, as far as these pre-packed foods are concerned ; and only a minimal amount of local supervision and sampling should be necessary.

3. Another important modern trend is the use, misuse and abuse of newly-discovered chemicals, already referred to above. The problems arising here may very well prove to be beyond the facilities of the average Public Analyst, and it may be more economical where whole crops or cargoes of foodstuffs are concerned, or when the outputs of large-scale manufacturing units are suspect, to have such problems dealt with at laboratories organised on a national basis.

4. The increasing use of machinery is not unalloyed progress. "Untouched by hand" is a negative, but good enough claim, as far as it goes. But if it should be that the alternative to hand-working could truthfully be expressed by the slogan "Mauled about by mucky machinery", the change may rightly be considered retrograde. Blobs of black grease, lubricating oil and verdigris, and iron stains were found in samples of bread examined last year ; wire from a conveyor belt was found in a soft-centred chocolate, and brine from a cooler was found in milk. These instances and others, and probably a good deal of general metallic contamination, result from the increase in mechanisation.

5. Progress in research on drugs has gone ahead enormously during the last few decades. The British Pharmacopœia 1914, which was in force until 1932, looks like an elementary text-book, compared with its present counterpart of 1953. It has recently been remarked that "Pharmaceutical research is revolutionising modern medicine" ; this is probably true, and the semi-official publications, the British Pharmacopœia and the British Pharmaceutical Codex, since they include only proved drugs, and nothing of a tentative nature, are several years behind current practice. In this matter of drug analysis alone, there is some justification for specialisation.

6. An important change of another kind, but one very definitely affecting our affairs, is the declining number of qualified people who are prepared to enter the service. If, on this account, it becomes inevitable that a reduced number of samples be taken for analysis, they will have to be thought out to a plan which gives the widest protection to the public for a finite amount of work.

Having referred to regional laboratories once or twice, I ought to say here that my attitude on this question is very much as it was when I discussed the subject in my Report for 1949, the conception of regional laboratories having been put forward by another Public Analyst some years earlier. The main difficulty is the reconciliation of such laboratories with the local character of most of the work done by the Public Analyst. Matters can often best be put right by personal contact, when official action from a remote centre would not achieve the desired affect. Problems of old stock ; bad store-keeping by retailers ; and contamination which arises locally, perhaps in the shop itself, often come to the attention of Public Health Officers (Sanitary Inspectors), and can best be dealt with locally in the first place. Much milk production, and most milk treatments are conducted in the area of consumption, and the examination of control samples is most conveniently a local affair. There could, with advantage, be a close tie-up between the local Public Analyst and the food producing manufacturers in his area, each Public Analyst devoting special attention to local products. If, for instance, it can be generally understood that the manufacturer of some nationally distributed article, say Horlick's Malted Milk, or Fox's Glacier Mints, satisfied the local authority where the firm was situated, as to their methods, hygiene standards, packing and labelling, such firms should be reasonably immune from having pin-pricks on minor points from authorities in other areas.

Complaint samples from local purchasers, and samples in connection with water supplies, sewage and atmospheric pollution, are also very much local matters.

The difficulties of recruiting qualified staff are now so acute that sampling should be minimised and entirely purposeful.

The work Public Analysts are now trying to do should be organised as a national service, working through the local authority, and designed (or do we now say stream-lined?) to give the public as complete a protection as possible. There should be a Public Analyst in each large centre of population (taking the county or large county borough as the normal unit), dealing with local samples, and paying special attention to the products of, and in close co-operation with food manufacturers in his region. A department of the Ministry of Agriculture, Fisheries and Food or of the Ministry of Health should be concerned with directing the general policy, and having a laboratory, perhaps a unit of the D.S.I.R., large enough to include specialists, completely equipped, dealing on a long-term basis with problems not essentially within the province of the individual Public Analyst.

It was mentioned above that big dairies, and other food manufacturers on a large scale have their own laboratories. This is an indirect result of the influence of the implementation of the Food and Drugs Acts ; and from the public point of view may be the means through which the work of the Public Analyst has had its most effective and beneficial result. Advertising is the life blood of modern businesses, and the negative effect of publicity given to an adverse report on a firm's products, arising from a successful prosecution under the Food and Drugs Act, is, from the firm's point of view, to be avoided at all costs. For their own protection, therefore, most firms have instituted their own system of control within their own laboratories to ensure compliance with the law ; with the result that the majority of food on the market today, except for accidents and other secondary causes, is at least up to the required prevailing legal standard. The unfortunate repercussion of all this on the Public Analyst himself is that industry, by offering good terms, has first pick of the personnel available.

The serious note of this introduction perhaps belies the frame of mind in which the analyst normally works, and the genial atmosphere that prevails in most laboratories ; "the pockets and health of the public" is a big responsibility but the compensations are many. Surprisingly enough, amusing episodes often occur ; and in coming to a brief report of last year's work in detail, we have endeavoured to employ a lighter vein than in this somewhat heavy-going introduction.

## CHANGES IN LEGISLATION DURING 1955

### **1955—No. 221. The Bread (Amendment) Order, 1955**

This Order came into operation on February 20th, 1955, and amended the Bread Order, 1953 (SI, 1953, No. 1283) by providing for the production of national milk bread containing a prescribed minimum of skim milk powder. The following definition was given: "National milk bread" means national bread or national brown bread, except that in its production not less than six parts by weight of skim milk powder has been added, per one hundred parts by weight of national flour or national brown flour used.

### **Circular MF 22/54, Food and Drugs Amendment Act, 1954**

This circular, dated November 26th, 1954, draws attention to the Food and Drugs Amendment Act, 1954, which received Royal Assent on November 25th, 1954.

### **Order in Council (SI, 1955, No. 554)**

#### **The Transfer of Functions (Ministry of Food) Order, 1955**

This Order in Council came into operation on April 7th, 1955, and provided for the demise of the Ministry of Food, transferring its functions in England and Wales, and Northern Ireland, to the Minister of Agriculture, Fisheries and Food.

### **Order in Council (SI, 1955, No. 959)**

#### **The Transfer of Functions (Food and Drugs) Order, 1955**

This Order in Council which came into operation on July 6th, 1955, transferred certain functions under the Food and Drugs Acts to the Minister of Health, and made some other transfers of function in continuance of the changes made by the Transfer of Functions (Ministry of Food) Order, 1955 (SI, 1955, No. 554).

### **SI, 1955, No. 1673. The Fertilisers and Feeding Stuffs Regulations, 1955**

These Regulations, which came into operation on January 1st, 1956, supersede the previous regulations made in 1932. The main alterations are in Regulation 5, Limits of Variation; in Regulation 6, Manner of Taking Samples; in Regulations 14 and 15, Methods of Analysis; and in the Schedules. The Methods of Analysis have been revised, and more modern materials are included in the schedules.

**SI, 1955, No. 1898 (C18). The Food and Drugs Amendment Act, 1954. (Appointed Day) Order, 1955**

This Order brought the Food and Drugs Amendment Act, 1954, into operation on January 1st, 1956 (with the exception of Section 28, which came into operation on November 25th, 1954).

**SI, 1955, No. 1899. The Food Standards (Butter and Margarine) Regulations, 1955**

These Regulations, which came into operation on January 1st, 1956, should be read with the Food Standards (General Provisions) Order, 1944, as amended (now having effect as if contained in regulations made under Section 4 of the Food and Drugs Act, 1955). They prescribe standards for butter and margarine similar to those previously contained in Section 32 of the Food and Drugs Act, 1938.

**SI, 1955, No. 1900. The Labelling of Food (Amendment) Regulations, 1955**

These Regulations, which came into operation on January 1st, 1956, apply to England and Wales only. They amend the Labelling of Food Order, 1953, as amended (which Order has effect in England and Wales as if contained in regulations under Section 7 of the Food and Drugs Act, 1955), to re-enact with modifications, certain requirements of the repealed Sections 32(2) and 33, of the Food and Drugs Act, 1938, relating to the labelling, marking and advertising of margarine, and margarine cheese.

The new definition of "Margarine" contained in the Food Standards (Butter and Margarine) Regulations, 1955, is repeated in these Regulations.

The Regulations also substitute the description "imitation cream" for "synthetic cream" in Item 3 of Table A in the First Schedule to the Principal Order.

**SI, 1955, No. 1901. The Mineral Oil in Food (Amendment) Regulations, 1955**

These Regulations came into operation on January 1st, 1956, and amend the Mineral Oil in Food Order, 1949, as amended, which, by virtue of Section 136 (2) and Part I of the Twelfth Schedule to the Food and Drugs Act, 1955, is continued in force in England and Wales, as if contained in regulations made under Section 4 of that Act. These amending Regulations, having regard to the inclusion of chewing

compounds in the definition of "food" in the 1955 Act, provide that the prohibition in the principal Order relating to mineral oil in food shall not apply in relation to chewing compounds which contain not more than 12.5 parts by weight of micro-crystalline wax per 100 parts by weight of chewing compound, and otherwise contain no mineral oil. A standard of purity of micro-crystalline wax is contained in these Regulations.

### **M.O.F. Recommendations**

#### **Food Standards Committee Report on Colouring Matters (dated 27th November, 1954)**

This report, prepared by a Sub-Committee of the Food Standards Committee, recommends that the Public Health (Preservatives in Food) Regulations should be amended so as to permit the use in foods of specified colours only. Approval is given for the use of 13 colours of natural origin, and 32 synthetic colours. The Sub-Committee also recommend that the list of specified colours should be reviewed after a suitable period. The report also recommends that the addition of colour to all natural products sold in the raw, or unprocessed state should be prohibited, and that notification of the presence of added colour in foods should be given to the purchaser.

#### **Food Standards Committee—Supplementary Report on Colouring Matters (dated 17th November, 1955)**

From consideration of trade representation, this report proposes certain modifications to the original recommendations.

#### **Food Standards Committee—Revised Recommendations for Limits of Arsenic in Foods**

The Sub-Committee has proposed the lowest limits which it considers can at present be readily attained under conditions of good commercial practice. It confirms the appropriateness of the general limits previously recommended, i.e. 0.1 p.p.m. of Arsenic for beverages ready to drink, and 1 p.p.m. for other foods.

The report permits the sale of foods containing more than 1 p.p.m. of Arsenic if that Arsenic can be shown to be natural to them, e.g. shell-fish.

### **MILK SAMPLES**

No novel features were encountered in defective milk samples during the year ; to keep the report as short as possible the following notes summarise the results obtained.

Of the total 2,071 milk samples submitted for chemical analysis during 1955, 62 samples were reported as "not genuine" or of poor quality. Of these, 11 samples were low in fat content and 54 were low in solids-not-fat, but only three of the latter were shown to contain added water.

A freezing point determination was made on 67 samples.

A further eight milk samples, all submitted by members of the public, were condemned for the following reasons :

- 1 contained 1 per cent of Calcium Chloride
- 1 contained foreign matter (tea leaves)
- 3 contained innocuous foreign material
- 2 were genuine milk supplied in unclean bottles
- 1 broken bottle

## FOOD SAMPLES OF DEFECTIVE COMPOSITION

### Pineapple Health Drink, No. 1589

Excessive preservative, in the form of sulphur dioxide, was detected in this sample, 388 p.p.m. being found whereas 350 p.p.m. is the permissible maximum. The manufacturers were notified accordingly.

### Nuts, No. 494

The product was pre-packed and in a very clean condition ; it was passed as suitable for human consumption. The sample however contained approximately  $12\frac{1}{2}$  per cent of raisins mixed with the peanuts. Since there was no declaration of raisins on the packets and the purchaser had demanded "nuts", it was clear that the sample was not of the substance and nature demanded and thereby contravened the Food and Drugs Act. The label also stated that the weight of the nuts was 12 grammes, whereas the packets each contained 40 grammes !

### Margarine, No. H1939

Condemnation of this sample was because of rancidity. An acid content equivalent to 0.23 per cent oleic acid was found which, in itself, was insufficient to condemn the foodstuff for human consumption, but was associated with a rancid smell and taste which rendered it unsuitable for sale to the public. The sample—a margarine containing 10 per cent butter—gave positive tests for rancidity by the Kreiss method, and it was considered that this was probably due to the butter content having become rancid before blending.

### **Orange Squash, Nos. 1539 and 1857**

These two samples, from the same source but not from an identical batch, were deficient of 46.4 per cent and 24 per cent respectively of the required fruit juice content. Instructions were given for further formal samples to be taken, but these were not obtained since the stock of this particular brand had become exhausted.

### **Pork Sausage, No. 1817**

At the present time there is no legal standard for the meat content of sausage ; but it is generally agreed among Public Analysts, and accepted by reputable manufacturers, that a Pork Sausage should contain a minimum of 65 per cent meat and Beef Sausage 50 per cent meat. Sample No. 1817 contained only 48.4 per cent meat, and being sold as "Special" Pork Sausage was certified to be 25.5 per cent deficient of the desired meat content. By precipitin tests it was found that the sausage was in fact prepared from beef, and had it been sold as such would have been certified as genuine. The butcher was prosecuted ; and pleading guilty to selling sausage not of the "substance required" was fined £5 with a total of £14 14s. 0d. costs. Indeed it was "special" pork sausage, having been prepared from beef and the "special" tests applied called for "special" costs.

### **Tomato Juice, No. H.1817**

A tin content of 333 parts per million was found in this specimen of canned tomato juice which proved to be old stock. The label also stated that the product was "rich in vitamins and flavour" ; this constituted a contravention of the Labelling of Food Order since the precise nature and amount of the vitamin content was not stated.

### **Shellfish**

During 1955, 20 samples of shellfish were examined but only one sample did not conform to the accepted standard of cleanliness as determined by the method recommended by the Worshipful Company of Fishmongers (that is a minimum of 60 per cent clean). The condemned sample—a sample of mussels—was only 10 per cent clean but further samples from the same beds passed the test.

### **Canned Rhubarb, No. S.250**

The rhubarb was reported to have caused sickness and vomiting but could not be examined as only the emptied can was submitted for examination. This was found to be in a very bad state, the lacquer having become disintegrated, exposing large areas of bare metal. This sample illustrates, once again, the necessity and advisability of examining the tins containing canned food before eating the contents.

## SAMPLES CONTAINING EXTRANEOUS FOREIGN MATERIALS

### Bread

1955 brought a minor glut of bread samples which warranted complaint. All nine of these samples were submitted directly by members of the public and the objection in all instances was the presence of foreign or abnormal material.

Sample S.235 was a specimen of Wholemeal Bread. The abnormal portion consisted of whole husks of cereal which had escaped the grinding process. They were not exactly "foreign" to the materials from which wholemeal bread is usually made, but they were in an unground condition which might have caused temporary discomfort to the consumer. This matter was reported to the producer who explained the intricacies and pitfalls of such stone-ground wholemeal flour, though it would appear that the term "wholemeal" was interpreted a little too literally.

Another case of improper preparation was sample S.276. Two slices of the bread contained pieces of brown material—probably malt extract improperly incorporated in the mix.

That a foodstuff is prepared "untouched by hand" is no guarantee of absolute purity. This was proved when samples S.267 and S.277 were examined; both were produced on modern plant. The former—a "milk" loaf—bore a greyish spiral in the crumb of the bread, probably due to the use of dusty apparatus. The latter sample contained dirty patches which extended throughout the crumb of the loaf. Microscopical examination of portions of the discoloured crumb revealed much dirt and globules of oil, which were derived from admixture in the original dough of grease from a machine.

Preliminary sieving of the flour, the usual practice in properly conducted modern bakeries, prevents the inclusion of portions of the flour sacks in bread. This, however, could not have been practised in the case of sample S.272 in which two fragments of jute string—each about one inch long—were found in the bread.

All the above undesirable inclusions were due to faulty technique in production, but the following foreign bodies fell in another category and can only be ascribed to carelessness on the part of the operatives. A cigarette end found in sample S.241 resulted in the manufacturer being fined £5. This was the first case against the firm for 27 years—a firm who are known to do their utmost to guard against such offences. Such an instance can only be attributed to the lack of discipline on the part of

some worker whose addiction to the “weed” allowed him to defile his company’s previously unblemished record.

Bread (S.275) was reported to contain a piece of indiarubber. The possibility of a child eating a fragment of indiarubber in its bread induced a high degree of consternation in the mother’s breast, and our subsequent diagnosis that the substance which had been suspected to be indiarubber, was in fact bacon rind, caused an unexpected degree of reassurance, “Oh, I don’t mind that so much”. The matter was reported to the baker who, knowing his clientele in the district where this sample had been delivered, said he hoped that no undue publicity would be given to this matter, since the neighbours would also be wanting bacon rind in their bread ! In trying to trace the origin of the bacon rind the theory was put forward that one of the workmen had taken bacon sandwiches for his breakfast and the piece of discarded bacon rind had been dropped into the dough by a flying bird. Apparently there is a definite bird population in many bakeries and the problem of eradicating them seems to be very difficult.

Lack of vigilance on the part of a baker was indicated in sample S.288. The sample consisted of two pieces of crust in each of which was embedded an insect—identified as flour moths. From the disposition of the insects on the bread it appeared that they had been in the baking tin when the dough was put in, and had become baked on to the outer surface of the loaf.

To prove whether a pin, which had been found in a loaf of bread, had in actual fact been baked in the loaf or inserted after baking was the problem with sample S.234. In order to provide an answer, pins were baked in loaves, and the pins and crumb formation around the pins examined. From these considerations and from the disposition of the pin—with the point towards the crust, the opinion was formed that the pin had been baked in the loaf. This case was, however, dismissed when brought before the magistrates’ court—material evidence in the case being that the general goods shop where the loaf was bought also sold pins. In connection with this case we wish to thank Mr. Milbourne of the College of Technology for carrying out the baking tests involved in these investigations.

### **Pork Pie (S.246)**

A small portion of hair-covered skin was found in the pie, and was identified as a portion of skin from between the toes of a pig’s foot. Whilst such material is not fundamentally foreign in a preparation of pork, it is objectionable in character, and it was considered might lead to discomfort or worse to a consumer. The manufacturers were informed

and confirmed this conclusion, but were at a loss to explain just how the extraneous material got past their rigid inspection.

### **Corned Beef (S.293)**

The sample was an imported sample of corned beef, labelled as a product of Argentina. A piece of string, identified as made of jute fibre, some  $2\frac{1}{2}$  inches long, was thoroughly embedded in the portion submitted ; it was stained with the colour of the meat, and had been present before the canning process. The sample was reported as not being of the quality expected.

### **Doughnut (S.283)**

“In the history of 900 shops, owned by a multiple store, in Great Britain, this was the first time a summons was brought against them, under the Food and Drugs Act, 1938”. Such was stated, when the firm was fined £10, with £2 costs, when a piece of string 3 to 4 inches long, and a human hair were found in a doughnut.

### **Chocolate (S.270)**

A piece of wire, six-tenths of an inch long, was discovered in a soft-centred chocolate by the person who submitted this sample. Since the complainant wore dentures we first made sure that nothing in his auxiliary dental equipment corresponded in composition and gauge to the wire fragment. The matter was reported to the Health Committee who, on the evidence available, decided against Court proceedings. The manufacturers were informed ; and upon investigation, stated that it was a piece of wire which had broken away from the wire conveyor belt on an enrobing machine.

### **Salami Sausage (S.247)**

This sample contained a small metal ring of some 7 mm. diameter, made of aluminium. The vendors were summoned, but successfully pleaded a written warranty, and were dismissed from the action. As the commodity was an imported one, no further proceedings were taken.

### **Canned Peas (S.244)**

A foreign body—later shown to be rabbit excrement—was noticed by the person submitting this sample, when the peas were served for a meal. The canners of the peas described their method of cleansing, and stated that the wet summer of 1953, and the use of a lower form of reaping machine explained how the offensive material came to be among the food. The firm pleaded guilty and were fined £10.

### **Luncheon Meat (S.265)**

This was of Dutch origin and appeared to be in sound condition. The complaint was due to the presence of a blue spot on the surface of the meat, probably caused by a speck of indelible pencil material contaminating the sample before the tin was sealed.

### **Malt Vinegar (S.271)**

The cap and neck of the bottle were heavily contaminated with a brown viscous liquid, resembling carbolic disinfectant ; this contamination of the vinegar, due to the phenolic smell it imparted, was the cause of complaint. Investigation of the packer's premises, and the fact that only new bottles were used, indicated that exposure to phenolic substances had, in all probability, taken place after purchase. This conclusion was partially substantiated, since only 9 oz. of the vinegar was presented from a pint bottle. The screw top of this bottle was found to be identical to, and therefore interchangeable with, the tops of bottles in which disinfectant was packed.

### **Grapefruit Mineral Water (S.251)**

Contamination with pine-oil disinfectant, due to the probable misuse of the bottle by a previous purchaser, and the failure of the bottle-washing process to remove the last trace of the substance, was the reason for complaint. Since such misuse of containers is a legally punishable offence, and by normal means it is very difficult to remove the last traces of such substances, the manufacturers are, in this respect, largely in the hands of the public. However, human nature being what it is, in spite of all laws, hygiene education and so on, there will always be that person who must use the nearest container—be it a milk or mineral water bottle—in which to store that odd spot of paraffin or disinfectant. Ironically, these anti-social folk get their full tuppence when returning the bottle, although its possession becomes a big liability to the bottler. The latter would, no doubt, forfeit pounds to have it scrapped if he knew of its condition.

### **Iced Bun (S.249)**

An iced bun in the bottom of which a drawing-pin was inserted, constituted this sample. Though not rendering the bun itself “unfit for human consumption”, it can be considered to render it potentially dangerous. It was fortunate that, in this case, the child eating the bun detected the pin in its mouth before swallowing it. As in many such cases, it is difficult to decide the origin of the pin, but the vendors were strongly cautioned.

### Flour (S.245)

Flour contaminated with mice droppings led to a penalty of £10 being inflicted on the firm selling this sample to a Leicester housewife. The vendors pleaded guilty, and stated the offence was due to the decay of a wooden wall in the store where the flour was kept. Subsequently, the wall had been repaired, and a new concrete wall constructed. It seems regrettable that neglect of such repairs to food stores, resulting in rodent contamination, should need the prompting of a court appearance and a fine before they are rectified.

### MOULD AND INSECT INFESTATION

The summer of 1955 was particularly fine and warm, and in our experience was appreciated not only by human beings, but by the world of insects and moulds, which seemed to thrive, particularly in the realm of pork pies and other foodstuffs.

Four samples of meat pies in a mouldy or fly-blown condition were submitted to this laboratory between September and November.

Sample S.284 was a 6½ oz. meat pie, submitted by a private purchaser who had noted its fly-blown condition. The firm selling this pie was charged in the first instance under Section 3 and Section 9 of the Food and Drugs Act ; but in view of current reports of High Court appeal decisions, where convictions under Section 9, which deals with foods rendered unfit for human consumption by the presence of foreign bodies, in which the appeals were allowed, the charge under Section 9 in this instance was withdrawn.

The pie was mouldy and contained fly larvae. The vendor, through Counsel, pleaded guilty but put in a long statement in which he tried to prove that there was no negligence ; he was convicted and fined £20 with 10s. costs.

The debatable point arises here, whether the presence of a mould and/or fly larvae does in fact render the food unfit for human consumption. One would say that any considerable growth of mould would certainly make the pie unpalatable and therefore unfit, and it might be pointed out that certainly a mould secreting anti-biotics, which should only be taken as a drug under medical supervision and which are not suitable for general use as an ingredient in foodstuffs, would render the food unfit. The presence of fly larvae obviously presupposes that at least one fly has been in contact with the foodstuff ; and in view of the long-standing warning against "The filthy feet of the faecal feeding flies" it could safely be argued that any food they contaminated was potentially dangerous and therefore unfit for human consumption.

## Meat Pie No. 286

In this instance the lady had purchased the pie from a mobile van on a warm sunny morning and had put it in her refrigerator immediately after purchase. Some three hours later the pie was served with vegetables for the midday meal, and one of the intending consumers observed two clusters of fly eggs present.

The pie was submitted to us for condemnation. The time intervals were important in this case since the time for incubation of fly eggs can be as short a period as 12 hours, and there was just a possibility that the eggs had been deposited after the purchase had been completed. When a pie is purchased from a van around which a few flies are buzzing and then carried into the house, which is also to some extent infested with flies, and someone three hours later detects fly eggs present, how one is to decide at just what time the eggs were deposited seems to be an extremely difficult problem. On the principle that where doubt exists the vendor should have the benefit of that doubt, we did not feel justified in instituting legal proceedings in this case.

Another pork pie (S.289) was found to be in a mouldy condition ; a growth of mould spores and hyphae covered the surface of the meat but was only visible when the surface crust was removed. Since the mouldy condition could not have been realised by the vendor at the time of selling because the unbroken pie, was to all appearance, normal, a caution was issued in this instance.

In another case, over-long storage of pies resulted in a shop-keeper appearing at the Magistrate's Court to answer a charge of selling a meat pie in a mouldy condition (S.291). The vendor insisted that the pies must have been mouldy when delivered by the manufacturer, but admitted keeping them for five days after delivery before selling. The manufacturer's agent gave evidence that deliveries were made every two days in the area in which these pies were sold, and their warranty did not extend beyond that period. The magistrates were satisfied that it was a case of negligent store-keeping and a fine of £5 and 7s. costs was imposed on each of the two partners in the business.

Long storage under warm weather conditions also resulted in a supply of chocolate-covered Swiss Rolls (S.278) becoming covered with mould—a species of *Aspergillus*—the entire stock was removed from sale.

Six schoolgirls vomited after eating a sample of chocolate (H.1991). The chocolate was in a very "bloomed" condition and some of the portions had a fine surface mould growth indicating the possibility of overlong and unsuitable storage conditions. The most significant factor obtained in the analysis of this sample was the high acid value of the

fat. The British Pharmacopœia limits the acid value of cocoa butter to not more than 3.0, whereas the fat of this chocolate had an acid value of 10.9. The vendor was cautioned by the Medical Officer of Health.

Lemonade (S.292) was also reported, supporting a growth of mould. This sample was reported to be containing a foreign body, probably frog spawn ! Since the foreign material consisted of a white gelatinous mass of mould mycelium in which were embedded a number of black spherical fruiting bodies the suspicion of frog spawn was understandable, though such a phenomenon would have been very much of a biological curiosity !

A live grub was present in a 1 lb. jar of mincemeat (S.290). A considerable amount of excrement and the beginnings of the formation of a cocoon were observed on both sides of the paper disc. This matter was considered by the Health Committee, who took the view that while such an occurrence is regrettable the possibility of such happenings is always present, even when all reasonable precautions are thought to have been taken. In consequence the vendor was cautioned ; and in view of the fact that the material was the previous year's stock, and had therefore had a long shelf life the vendor was advised that a system of periodic examination of all remaining stock should be instituted.

Wherever there is fruit and sugar there is a possibility that wasps will gather. It is not unlikely therefore that such an insect might some time or other be found jammed up in a jar of marmalade. This indeed constituted the purchaser's complaint which led to the submission of sample No. S.295. The report we issued on the sample stated that "the presence of a wasp, with any contamination it may have introduced renders the foodstuff aesthetically unacceptable for human consumption and not in the condition expected by the purchaser". The manufacturers were informed of this occurrence and assured the Medical Officer of Health that no effort is spared to avoid such incidents and that inspection with the use of illuminated magnification aids was employed.

In warm weather, cream filling in a cake is very liable to mould attack. This happened in the case of a birthday cake (S.287)—an iced cake with a cream layer which had become bright green with mould growth. Parts of the cake had been consumed at a children's birthday party, the colour of the green mould being mistaken for part of the decoration, and thoroughly appreciated. Fortunately, no sickness was caused. The vendor was cautioned. This case recalled to me an experience in one of the Services in 1917, when the "chef" was commended on some "stuffing" which he had never made, which had been found in a stewed rabbit !

Chocolate bars (S.299), infected with the grubs of the beetle, *Stegobium paniceum* (L) were submitted. The manufacturer established that the bar was made upon the 14th of February, 1955, and was out of their control by the end of May, 1955, and were therefore able to prove that infection took place subsequent to the bar leaving their control. The vendor's premises were visited, and stock replaced.

#### **Dried Full Cream (Modified) Milk, S.255 and S.256**

These samples, submitted privately, were found to be damp and infected with a green mould. They were condemned as unfit for human consumption.

### **FERMENTATION IN FOOD SAMPLES**

The disappearance of sucrose from samples of ice cream is well known ; a form of fermentation occurs with the result that the sugar disappears from the system as volatile products, unless the sample is refrigerated at 0°F.

If there is any delay in analysis a similar phenomenon occurs in the disappearance of the starchy filler from samples of sausages. Invariably, the analysis made by the Government Chemist (which usually takes place on a sample that has turned mouldy with age) gives a higher figure for meat content than the original analysis.

A third variant of this phenomenon, not encountered before in this area, came to light when a sample of stoned raisins, submitted by the Weights and Measures Inspector as being 25 per cent deficient of its proper weight, was sent in for analysis.

The vendor had made the usual excuse that the loss of weight was due to evaporation during storage in a dry place. In actual fact we found the moisture content to be normal. The sample had a vinous smell and was highly infected with yeast cells, and the low figure for sugar and correspondingly high figure for mineral matter, insoluble tissue, etc., corresponded to the actual loss of about 20 per cent of the original weight in the form of sugar. The vendor was fined £5 for exposing 15 underweight packets of raisins for sale, prosecution under the Food and Drugs Act for the sale of a commodity not of the "substance, nature or quality demanded" was not pursued.

### **DRUG SAMPLES**

The summary of drug samples submitted to the Department during 1955 is indicated in Table B ; 198 samples were received, of which 12

were the subject of adverse reports, six of them being criticised because of inadequate labelling.

For some years past, it has been the policy of this laboratory to criticise the medicament sold from bulk and offered to the purchaser in an unlabelled bag as packet. In accordance with Section 11 of the Pharmacy and Medicines Act, 1941, all substances "recommended as a medicine" should be labelled with the proper name of the substance and unless it is an official preparation of the B.P. or B.P.C. its quantitative composition must be declared. As stated in previous reports the operative word is "recommended", and technically the pharmacist who sells Aspirin tablets in a plain bag and utters no word of advice on how to use them is committing no offence. Ethically, however, it is highly desirable in the interests of public safety that such preparations should be clearly labelled and easily identifiable. The case of the young child who becomes ill—sometimes fatally—through eating drugs mistaken for sweets is of regular occurrence and more often than not due to the carelessness of parents in leaving dangerous substances in easily accessible places. If the substance is labelled, early administration of the requisite antidote is more readily facilitated and it is for this reason that the pharmacists co-operation in this respect is requested.

Defective composition was the cause of criticism in the following instances.

#### **Cinnamon and Quinine Cold Cure (Informal) No. 42**

This sample was stated to contain 14.5 per cent dilute Hydrochloric Acid and was found to be 81.4 per cent deficient in this respect. The manufacturers were notified and stated that the labels had been wrongly printed and the correct amount should have been 1.45 per cent—the error was rectified in future consignments.

#### **Calamine Lotion No. 617**

Calamine Lotion containing a large mould growth can hardly be described as an elegant pharmaceutical or toilet preparation. The vendors were suitably cautioned.

#### **Cod Liver Oil No. 889**

Vitamin A, though declared on the label, was found to be entirely absent from this sample, which proved to be very old stock. The vendors withdrew all remaining stock from sale.

#### **Eucalyptus Oil, Informal 1672. Formal No. 1859**

These samples, both from the same source, were deficient of the required cineole content and were of lower wt. per mil than required

by the B.P. The packers were notified and suitably cautioned by the Medical Officer of Health.

### **Medicine No. 2196**

This sample was dispensed under the National Health Service Scheme and contained a foreign body in the form of an insect. The Medical Officer of Health was notified.

## **MISCELLANEOUS SAMPLES**

### **(a) Submitted by various Corporation Departments**

Table H lists the specimens other than samples under the Food and Drugs Act, submitted to this department for examination. The more interesting of these are the subject of comments below :

Synthetic sausage casings were submitted by the Health Department for opinion regarding their suitability for use in sausage manufacture. No deleterious ingredient, or other reason was found to prohibit their use, and they were reported as suitable for containing foodstuffs.

A deposit removed from a storm-water sewer was submitted by the City Surveyor's Department, with a request regarding the nature of the deposit. Its composition was found to be consistent with that of cement.

The School Medical Service submitted a sample of urine for examination. Phosphatic crystals were present, but tests for the presence of sugar, albumin and blood were negative.

Samples from the Weights and Measures Department were examined for evidence of fermentation resulting in loss of weight of packages. Investigations with cut, mixed peel and raisins were carried out. In connection with the latter commodity, the department provided a technical witness in the subsequent court case, which is mentioned elsewhere in this report.

An interesting problem was set by the Museum, who asked for an opinion regarding material found in earthenware jars, reputed to be of sixteenth century date, which were found buried some six feet deep behind a banking establishment in Highcross Street. The material was a green ore, roughly mixed with a greyish-white material, such that it gave a stratified appearance when removed from the jar ; it had a high copper and arsenic content. This sample gave rise to great speculation regarding its ancient use. Why was the substance apparently sealed securely in these jars and hoarded away ? Was it an ingredient used by

some necromancer in his nefarious art, an apothecary's remedy, or an artisan's raw material ?

“And while the great and wise decay,  
And all their trophies pass away  
Some sudden thought, some careless rhyme  
Still floats above the wrecks of Time”.

(*Lecky*)

Four further mineral specimens were also submitted by the Museum, on behalf of the Water Department, with a request for the determination of iron content. These samples, far from transporting one's mind back to olden days, reminded one of modern engineering achievements, for they were examined in connection with the River Dove Water Scheme.

Assistance was rendered to the City Police on two occasions. In the first instance, the genuineness of a lambskin carpet was questioned. We were able to state that the sample was genuine, but either badly dressed originally, or ruined by subsequent washing. The second instance was more amusing. A glass sphere filled with a blue granular material was picked up in a local park. All fears of bomb outrages were dispelled, when the blue material was shown to be sand and blue-dyed starch !

#### (b) Submitted by the Public

Miscellaneous samples submitted by the Public generally savour of the spice of life—if variety can thus be described ! These specimens ranged from petrol to poultry stimulants, from cyanide antidote to cactus fruit, and from fountain pens to fish paste.

Whilst the majority of these samples constitute simple straightforward analytical determinations, some pose minor research problems.

In the latter category, a steel plate was submitted, the surface of which had been treated with mercury for the purpose of preventing the adhesion of glyco-gelatine film. The plate was a component of a capsule-making machine, and objection had been made by the overseas purchaser of the presence of this mercury. Experiments were carried out to determine the amount of mercury absorbed by the gelatine coating of the capsules, and it was found to be in the order of seven parts per million. The 1948 B.P. gives, for the maximum dose of mercuric chloride, one-sixteenth grain or four milligrams. This may be considered to be one of the most toxic forms of mercury, and if the mercury existed in this form on the gelatine, the amount taken—assuming a dose of three capsules—was calculated to be 0.0023 milligrams, which certainly would not be fatal.

The cactus fruit was examined for sugar content, on behalf of a client who had ambitions of exploiting a new source of sugar. It was shown that the sugar of the cactus fruit was invert sugar, and sucrose was absent.

In two cases, samples were submitted to decide insurance liability. Butter wrappers, transported by road in the company of naphthalene were reported as unfit for wrapping butter ; and a small sample of water (2 mils) was submitted for opinion as to whether it was rain water or sea water. Absence of chloride was not consistent with the sample being sea water.

A local mother, on returning from a holiday in the West Country, made a bee-line for the Leicester Health Department with a sample of the National Dried Full Cream Milk which she had purchased while away. She stated that it was "much creamier" than the milk she was supplied with in Leicester, and wondered if her future supplies could be obtained from the same source.

The sample contained 24.5 per cent of Fat, whereas a Leicester sample by comparison contained 24.3 per cent Fat. We reported "no significant difference in fat content between the two samples", but never quite decided whether the lady was blessed with a vivid imagination, or a particularly discerning palate !

## ADVERTISEMENTS AND LABELLING

"Things are seldom what they seem,  
Skim milk masquerades as cream !"

From this quotation by W. S. Gilbert it would seem that even in the so-called "good old days" the sophistication of foodstuffs was not unknown. Today, blatant misrepresentation, though not unknown, is of rare occurrence. When misrepresentation does occur it is of a more subtle character as exemplified in the case of sample No. 848, which consisted of marshmallow filling covered with shredded coconut. This confection was called a "Dainty Whipped Cream Cake" and exception was taken to the description "whipped cream" since the filling contained only 0.2 per cent fat and dairy cream was entirely absent. Since "Whipped Cream Walnuts" have been marketed for over 50 years and the description—established by long usage—has never, as far as we are aware, been tested by legal action, an attempt to contest this in Court would result in failure. However, the view was taken that in a chocolate product—which would be expected to have a long shelf life, the intelligent laymen would not expect to find dairy cream and so would not be misled. A

different view was taken in connection with a "cake" where one might expect and even demand that a "whipped cream" filling should consist of dairy cream. This problem was finally solved by the manufacturers agreeing to rename their product "Celebrated Coconut Dainties".

## LABELLING OFFENCES

### **Chutney No. 2682**

This sample was the product of a small firm who were not aware of the necessity under the Labelling of Food Order, to declare the ingredients in order of magnitude upon the label. They were suitably advised and took immediate steps to rectify the omission.

### **Strawberry Jam, No. 827**

This sample conformed to the standard specified by the Food Standards (Preserves) Order, 1953, but the omission of the word "Jam" on the label was regarded as a contravention of the Labelling of Food Order, 1953. The manufacturers agreed to redesign their label when reprinting.

### **Christmas Pudding, No. 2626**

Prepacked Christmas puddings sold without a label declaring the weight, ingredients and name and address of packer was the subject of our complaint in this instance. The manufacturers were prosecuted for breach of the Sale of Food Regulations, it being stated in Court that "the company had shown a marked degree of lack of care in not complying with the requirements that do ensure that the housewife knows what she is buying". The company was fined a total of £20. To quote the local press, "Proof of their Pudding was not on the label".

## FERTILISERS AND FEEDING STUFFS

The usual 50 samples were submitted by the Sampling Officer during 1955 for examination under the Fertilisers and Feeding Stuffs Act, 1926. Another 12 samples were submitted for analysis by private individuals (see Table G).

In only one case was the Statutory Declaration, as required by the Act, defective; this was a sample of Ammonium Sulphate, for which there was no declaration of free acidity. Even though the sample contained no free acidity, it was necessary under the Fertilisers and Feeding Stuffs Regulations, 1932, for this fact to be stated. Under the revised Regulations, which came into force on 1st January, 1956, this

pointless formality is no longer necessary ; and if Ammonium Sulphate contains less than 0.025 per cent free acid (calculated as  $\text{H}_2\text{SO}_4$ ), this need not be declared.

Out of a total of 40 fertiliser samples, 10 were found to be defective in composition, but in only five cases was this to the prejudice of the purchaser.

In two cases, Hydrated Lime was found to be deficient of the declared calcium hydroxide content. Under the revised Regulations (1955) the method of analysis of this commodity has now been changed, and the neutralising value is determined rather than the calcium hydroxide content. This change in analysis accepts the inclusion of a proportion of calcium carbonate as not being detrimental.

Steamed Bone Meal was found to be slightly deficient of the declared phosphoric acid content ; the deficiency, however, was only 0.1 per cent greater than that allowed by the limits of variation.

A deficiency of nitrogen slightly in excess (0.18 per cent) of the permitted variation (0.5 per cent) was the reason for the condemnation of a sample of Dried Blood.

Of the 10 feeding stuff samples submitted, seven were the subject of complaint—all due to incorrect composition. Many of these samples were from one supplier, who had recently transferred his business to other premises. The irregularities in composition—in all cases small—were attributed to teething troubles in the operation of the new machinery.

## WATER

The water supply of any community is obviously of paramount importance, both as concerns its quantity and quality ; and work in connection with its control has been referred to at fair length in previous reports. Little need be said this year.

The chief purpose of analysis is to maintain the day-to-day safety of the supply as distributed to the consuming public, and it may be claimed once more that this purpose has been achieved. No further reference to the qualitative aspect will be made in this report beyond a few figures given in Table W and the Water Engineer's contribution on page 24.

Now that the demand has overtaken the reliable supply, the quantitative aspect becomes more and more urgent ; and the department has spent a good deal of time in connection with the River Dove Scheme, which it is hoped will solve our supply problem for a few more years.

## ATMOSPHERIC POLLUTION

This subject provides periodic copy for sensational newspaper reports ; it crops up at regular intervals and seems, for the majority, to provide food for thought only at the moment of reading. Many press reports confuse the interpretations of the mass of statistics which are regularly being compiled relating to the filth with which we—and that goes for most of us—pollute the atmosphere. Comparison of the data deduced from one standard deposit gauge with those from another in a distant city may lead only to erroneous conclusions. Atmospheric Pollution is continuous all the year round, but, because of varying atmospheric conditions, is more obvious to the layman in winter than at other times. It is usually after a pea-soup fog—or to use a more modern phrase—after a period of “smog” that attention is drawn to this problem by the popular press. After reading such disturbing articles it would seem that the reader just shudders, or shrugs his shoulders and proceeds to keep the home fires burning with whatever fuel is to hand, ignoring the fact that such action is only a further contribution to the problem.

“Much ado about nothing” is seemingly the very antithesis of popular and official reaction to this problem. For more than 30 years we have in this laboratory compiled analytical data indicating that Leicester—even in spite of its reputation—could be a cleaner city ; similar work has been done with comparable results for many other cities. Admittedly the capital expenditure involved to eliminate the nuisance of smoke from the older developed areas would be colossal and for many years impossible—but this does not mean that the newer built-up areas should not be designed from the start as smokeless zones. We are now building something like 300,000 houses a year, and losing a unique opportunity by not insisting that all new houses be required to be equipped with smokeless heating appliances. The Englishman’s love of an open fire is traditional, and if we bear in mind the need in this uncertain world of balancing one risk against another, and of calculating the price we are prepared to pay for our humble pleasures, perhaps even commendable. Nevertheless, it is well established that coal burned in open grates contributes to the pollution of the atmosphere, with smoke associated with sulphur dioxide, to the detriment of the durability of buildings, and accounting in part for the high incidence of respiratory diseases in winter. Conservatism will long remain a factor and it must be admitted that practical and economic difficulties provide some excuse for the ordinary citizen.

Industrial pollution is probably—due to modern equipment and need

to cut down waste—of lesser extent than the collective domestic contribution to this problem.

Though this scientific age has evolved such things as electrostatic precipitators for industrial flues it has also developed that devilish device—the diesel-engined vehicle which with thunderous rumblings erupts a continuous stream of poisonous fumes at a few feet above ground level, so that all beings in the vicinity get an unwelcome share of the noxious gases into their lungs. The one-way street has reduced that delightful idea of exhausting these gases from the side of the vehicle to one of inconsideration and imbecility. In this respect progress has been in a negative direction—the exhaust product of the old horse bus was at least an integral part of nature's cycle of change, decay and renewal ; and any temporary embarrassment caused was unimportant compared with the suffocating and potentially carcinogenic effect of the diesel engine exhaust fumes—the latter can be avoided by careful and correct adjustment and maintenance, but this standard seems to be achieved but seldom.

## OTHER ACTIVITIES

Some time was spent preparing evidence for legal proceedings, and making personal appearances in court in connection with Food and Drug prosecutions.

Visits were made on a number of occasions to local reservoirs and treatment works ; swimming baths ; and atmospheric pollution sites.

Numerous enquiries by phone and personal interview were answered—satisfactorily, we hope, in as far as they came within our terms of reference.

During 1955, ten talks were given on the work of the department by members of the staff, to various local societies and organisations. This constituted our main contribution to the general question of Health Education, as normal work made it impossible to attend meetings of the Local Health Advisory Committee, except on rare occasions.

**TABLE A**

**Summary of Samples Analysed during 1955**

**Samples under the Food and Drugs Act, 1938**

(A) Submitted by Sampling Officers :

(a) Milks .. .. .	2,061
(b) Foods and Drugs .. ..	648
(c) Shellfish .. .. .	20

(B) Food and Drug samples submitted by the public

(See Table J) .. .. .	69
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— 2,798

**Bacteriological Samples**

Samples under the Milk (Special Designation) Regulations, 1949 .. .. .

1,398

Ungraded Milk Samples .. .. . 589

Miscellaneous .. .. . 3

— 1,990

Daily Dairy Control samples for pasteurisation efficiency .. .. . 1,254

Washed Milk Bottles and Churn Rinses (Estimation of Cleanliness) .. .. . 80

— 3,324

**Fertiliser and Feeding Stuffs Act**

Samples submitted under Fertiliser and Feeding Stuffs Act, 1926, by Inspectors (see Table G) ..

50

Samples submitted privately (see Table G) .. 12

— 62

**Rag Flock Act, 1911**

Samples submitted by Sanitary Inspectors .. 4

**Atmospheric Pollution** .. .. . 419

**Water Samples for Water Committee** .. 3,929

**Miscellaneous Samples from other sources :**

Health Department (see Table H) .. .. 192

Other Corporation Departments (see Table H) .. 23

From other sources (see Table I) .. .. 359

— 574

Grand Total .. .. . 11,110

**TABLE B**

**FOOD AND DRUGS ANALYSED DURING 1955**

(Sampled by Public Health Officers under the Food and Drugs Act)

**Foods Analysed :**

Sample	No.	Sample	No.
Milk .. ..	2,061	Lemon Juice .. ..	2
Ale .. ..	6	Marmalade .. ..	6
Apples .. ..	1	Marzipan .. ..	6
Bacon .. ..	6	Mayonnaise .. ..	1
Baking Powder .. ..	6	Meat (Canned) .. ..	2
Beans (Canned) .. ..	5	Meat Paste .. ..	6
Beer .. ..	12	Milk (National Dried) .. ..	1
Beverage .. ..	1	Mincemeat .. ..	4
Bread .. ..	2	Mineral Water .. ..	6
Bread (Milk) .. ..	2	Mussels .. ..	17
Butter .. ..	5	Nuts .. ..	1
Cakes .. ..	2	Oats (Porridge) .. ..	4
Cheese .. ..	5	Oranges .. ..	4
Cherry Syrup .. ..	1	Oranges (Canned) .. ..	1
Coconut (Sugared) .. ..	1	Orange Cordial .. ..	3
Coffee and Chicory .. ..	7	Orange Health Drink .. ..	1
Colour (Food) .. ..	1	Orange Juice .. ..	8
Cordial .. ..	8	Oysters .. ..	3
Condiment (Non-brewed) .. ..	2	Peel (Mixed Cut) .. ..	6
Confectionery (Sugar and Chocolate) .. ..	13	Pepper .. ..	6
Cream .. ..	6	Pickles and Chutney .. ..	14
Currants .. ..	3	Pineapple (Canned) .. ..	1
Curry Powder .. ..	5	Pineapple (Curd) .. ..	1
Custard Powder .. ..	4	Pineapple Health Drink .. ..	1
Fish Paste .. ..	4	Pork Pie .. ..	1
Flavouring Essences .. ..	10	Potted Meat .. ..	1
Flour (Plain) .. ..	6	Processed Peas .. ..	7
Flour (Self-Raising) .. ..	6	Pudding (Christmas) .. ..	7
French Dressing .. ..	1	Pudding Mix .. ..	3
Gelatin (Edible) .. ..	7	Raisins .. ..	6
Grapefruit (Canned) .. ..	1	Rice .. ..	6
Honey .. ..	1	Sago .. ..	1
Ice Cream .. ..	66	Salad Cream .. ..	6
Ice Cream Mix Powder .. ..	1	Salt (Iodised) .. ..	1
Jam .. ..	7	Salt (Table) .. ..	4
Jelly (Crystals) .. ..	2	Salmon Creme Paste .. ..	1
Jelly (Fruit) .. ..	1	Sausage .. ..	13
Jelly (Table) .. ..	4	Soft Drink Powder .. ..	8
Lard .. ..	4	Soup .. ..	10
Lemon Curd and Cheese .. ..	2	Spices .. ..	12
		Spirits .. ..	6

TABLE B—continued

Sample	No.	Sample	No.
Stuffing .. .. .	5	Vinegar .. .. .	5
Sultanas .. .. .	3	Wine .. .. .	6
Tapioca .. .. .	5	Yogurt .. .. .	1
Tea .. .. .	7		
Tomato Juice .. .. .	7	Total .. .. .	2,531
Tomato Sauce .. .. .	6		

## Drugs Analysed :

A.P.C. Tablets .. .. .	6	Iodine .. .. .	5
Acriflavine (Emulsion of) .. .. .	1	Liquid Paraffin .. .. .	6
Anti-Smoking Tablets .. .. .	2	Malt Extract and Cod Liver Oil	6
Aspirin .. .. .	6	Methyl Salicyl Ointment .. .. .	4
Asthma Inhalent .. .. .	1	Menthol and Wintergreen Cream	2
Bicarbonate of Soda .. .. .	6	Olive Oil .. .. .	6
Bismuth Tablets and Lozenges	6	Parrish's Chemical Food .. .. .	6
Black Currant Syrup .. .. .	1	Potassium Citrate .. .. .	6
Boracic Ointment .. .. .	6	Rose Hip Syrup .. .. .	1
Boric Lint .. .. .	6	Saline Catarrh Drops .. .. .	1
Calamine Lotion .. .. .	4	Seven Oils .. .. .	4
Camphorated Oil .. .. .	6	Soda Mints .. .. .	6
Cascara Sagrada Tablets .. .. .	6	Soothing Syrup .. .. .	2
Celery Pills .. .. .	6	Spirit Soap .. .. .	6
Chlorophyll Tablets .. .. .	2	Spirit of Sal Volatile .. .. .	6
Cod Liver Oil .. .. .	2	Vitamin C Tablets .. .. .	4
Compounded Medicine .. .. .	6	Vitamin Concentrate .. .. .	1
Cream of Tartar .. .. .	6	Vitamin and Mineral Capsules .. .. .	2
Eucalyptus Oil .. .. .	7	Vitamin Tablets .. .. .	1
Eye Lotion .. .. .	5	Zinc Ointment .. .. .	6
Friar's Balsam .. .. .	4		
Gee's Linctus .. .. .	6	Drugs .. .. .	198
Glucose Beverage .. .. .	1	Foods .. .. .	2,531
Gripe Mixture .. .. .	1		
Halibut Liver Oil Capsules .. .. .	8	Total Food and Drugs .. .. .	2,729
Hydrogen Peroxide .. .. .	6		

TABLE C

## Averages of Milk Analyses for 1955

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Yearly Averages
No. Examined	106	131	123	105	115	128	127	45	133	116	135	111	1,375
Average Fat ..	3.81	3.77	3.74	3.6	3.55	3.55	3.59	3.71	3.94	4.12	3.96	4.08	3.79
Average S.N.F.	8.8	8.83	8.77	8.7	8.81	8.82	8.74	8.65	8.76	8.82	8.82	8.83	8.79

## CLASSIFICATION OF SAMPLES BASED ON FAT CONTENT

Range	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Yearly Total
Below 2.6 ..	—	—	—	1	—	—	—	—	—	—	—	—	1
2.6—2.79 ..	2	2	1	1	1	1	3	—	—	1	—	—	12
2.8—2.99 ..	1	—	4	2	4	8	4	1	—	1	—	—	25
3.0—3.19 ..	5	6	6	12	10	14	11	—	5	2	10	3	84
3.2—3.39 ..	9	19	9	11	27	29	19	5	13	3	7	8	159
3.4—3.59 ..	12	22	18	34	25	32	29	11	7	8	16	9	223
3.6—3.79 ..	32	29	47	13	22	17	27	14	26	16	26	28	297
3.8—3.99 ..	11	14	11	10	11	5	9	7	27	39	21	19	184
4.0—4.19 ..	7	9	7	8	3	4	12	2	22	13	15	8	110
4.2—4.39 ..	13	10	6	5	6	7	8	2	12	5	11	5	90
4.4—4.59 ..	6	7	4	1	3	5	3	1	6	7	6	6	55
4.6—4.79 ..	1	7	5	4	1	2	1	1	6	2	5	8	43
Over 4.8 ..	7	6	5	3	2	4	1	1	9	19	18	17	92
Total Samples	106	131	123	105	115	128	127	45	133	116	135	111	1,375

CLASSIFICATION OF SAMPLES BASED ON SOLIDS-NOT-FAT CONTENT

Range	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Yearly Total
Below 8.1 ..	—	—	—	—	—	—	—	1	—	—	1	—	2
8.1—8.19 ..	—	—	—	1	—	—	—	1	1	—	1	—	4
8.2—8.29 ..	1	—	1	2	—	—	—	1	—	1	—	—	6
8.3—8.39 ..	—	3	1	2	1	—	2	2	2	4	2	—	19
8.4—8.49 ..	2	1	3	7	4	4	6	—	9	5	3	1	45
8.5—8.59 ..	2	8	7	14	8	3	12	7	10	6	6	5	88
8.6—8.69 ..	20	16	18	19	12	15	27	17	26	15	19	12	216
8.7—8.79 ..	30	34	53	28	28	27	34	11	28	14	31	36	354
8.8—8.89 ..	27	26	14	14	25	41	27	2	27	31	31	22	287
8.9—8.99 ..	12	12	11	8	23	20	11	2	17	27	20	17	180
9.0—9.09 ..	6	13	8	8	9	16	3	—	10	11	10	9	103
9.1—9.19 ..	4	11	5	2	4	2	2	—	1	2	7	5	45
9.2 and Over	2	7	2	—	1	—	3	1	2	—	4	4	26
Total Samples	106	131	123	105	115	128	127	45	133	116	135	111	1,375

CLASSIFICATION OF SAMPLES BASED ON TOTAL SOLIDS CONTENT

Range	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Yearly Total
Below 10.5	—	—	—	—	—	—	—	—	—	—	—	—	—
10.5—10.99	—	—	—	2	—	—	—	—	—	1	—	—	3
11.0—11.49	3	2	2	3	3	4	4	—	—	2	1	—	24
11.5—11.99	10	17	14	21	23	19	24	4	11	2	12	7	164
12.0—12.49	41	47	63	45	45	70	58	30	38	25	46	32	540
12.5—12.99	26	31	25	22	32	14	27	9	50	53	33	32	354
13.0—13.49	18	21	11	5	10	15	13	1	20	11	20	15	160
13.5—13.99	6	12	6	6	2	4	1	1	11	9	12	13	83
14 and Over	2	1	2	1	—	2	—	—	3	13	11	12	47
Total Samples	106	131	123	105	115	128	127	45	133	116	135	111	1,375

TABLE D(a). Food Samples other than Milk reported "Not Genuine"

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
S235	Wholemeal Bread ..	Private	Contained whole husks of cereal in an unground condition, which might have caused temporary discomfort to a consumer	Baker, on being cautioned by M.O.H., explained that the collection of husks had accumulated in the dough mixing machine and had been overlooked
S234	Bread ..	Private	Contained a foreign object (a pin) which rendered the bread potentially dangerous as an article of food	Prosecution : Vendor acquitted
1703	Mussels ..	Informal	Only 10 per cent clean ..	Follow-up samples proved to be genuine
H1817	Tomato Juice ..	Informal	Contained an excessive amount of tin (333 p.p.m.). Also precise nature and quantitative particulars of vitamin content not stated	Reported to Health Committee
S241	Wholemeal Loaf ..	Private	Contained shreds of tobacco. Unfit for sale for human consumption	Baker fined £5
S244	Peas (Canned) ..	Private	Contained a foreign body (animal excrement)	Manufacturers fined 10 guineas
S245 (502)	Flour (Plain) ..	Private	Contained mice droppings. Unfit for human consumption	Vendor pleaded guilty. Fined £10
494	Nuts ..	Informal	Contained approximately 12.5 per cent of raisins in admixture with pea-nuts. The label stated the weight of the contents to be 12 grammes, whereas the packets contained 40 grammes	Packer cautioned by M.O.H.

TABLE D(a)—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
S247	Salami .. ..	Private	Contained a metallic foreign body. (A broken ring approximately 7 mm. diameter, non-ferrous, probably aluminium)	Case dismissed
S246	Pork Pie .. ..	Private	Contained a small portion of hair-covered skin. (Probably from between the toes of a pig's foot)	Manufacturer cautioned by M.O.H.
827	Strawberry Jam ..	Informal	The word "Jam" was omitted from label	Manufacturer promised to amend labels
S249	Iced Bun .. ..	Private	Contained a foreign body (one brass drawing pin) .. ..	Reported to Health Committee, vendor's premises visited
S251	Grapefruit Beverage ..	Private	Grapefruit beverage contaminated with disinfectant	Management of works interviewed and warned that more care must be paid to cleanliness of bottles and caps in future
1817	Pork Sausage .. ..	Formal	Deficient of 25.5 per cent desired meat content	Fined £5, plus 4 guineas Government Analyst Fee and 10 guineas Local Public Analyst Fee
848	Whipped Cream Coconut Cake	Informal	Contained no whipped cream ; description misleading	Manufacturer renamed product omitting words "whipped cream"
S250	Canned Rhubarb (Sweetened)	Private	Lacquer inside can had disintegrated and exposed bare metal to fruit. (Old stock)	Complaint due to long storage. Manufacturers not held responsible
W2320	Condensed Milk .. ..	Private	Long storage had caused the milk to darken, lose some of its sweetness and develop an unpalatable flavour	Old stock, remainder to be destroyed
S255 & S256	National Dried Milk ..	Private	Unfit for human consumption, damp and had an objectionable odour	Reported to M.O.H. Stock removed from distribution

TABLE D(a)—*continued*

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
S265	Luncheon Meat ..	Private	Meat quite sound but contained blue speck probably caused by an indelible pencil	Vendor cautioned
S271	Malt Vinegar ..	Private	Contaminated with phenolic substances	Manufacturer stated that only new bottles used, did not accept blame
S270	Chocolates ..	Private	Chocolates, one of which contained an inedible foreign body, namely a piece of ferrous wire	Manufacturers cautioned by Town Clerk
S267 (1460)	Bread ..	Private	Bread prepared from dirty dough ..	Baker cautioned by M.O.H.
S272 (1636)	Bread ..	Private	Contained foreign body; two fragments of string, each about 1 in. long	Reported to Chief Sanitary Inspector
1539	Orange Squash ..	Informal	Deficient of 46.4 per cent of the required amount of fruit juice	Followed up by formal sample No. 1857
1857	Orange Squash ..	Formal	Deficient of 24 per cent of the required amount of fruit juice	Reported to Health Committee. Further samples to be taken
1589	Pineapple Health Drink ..	Informal	Excess of 38 parts per million over and above permitted amount of sulphur dioxide	Manufacturer cautioned by M.O.H.
H1939	Margarine (with 10 per cent Butter)	Informal	Rancid, unfit for sale to the public	Reported to Health Committee
S276 (1849)	Bread (Sliced) ..	Private	Contained pieces of brown material which consisted of malt extract which was inefficiently incorporated in the original dough	Reported to Health Committee

TABLE D(a)—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
S275	Bread ..	Private	Bread contained small particle of bacon rind weighing .008 gramme	Reported to Health Committee. Bakery visited
S277	Bread ..	Private	Containing dirt and globules of oil considered to be derived from admixture, in original dough, of grease from machine	Baker cautioned by M.O.H.
S278	Choc-Rolls	Private	Rancid odour. Covered with a fine white mould—probably a species of <i>Aspergillus</i> .. ..	Manufacturer cautioned by M.O.H.
S283 (1956)	Doughnut ..	Private	Contained indelible foreign material. One piece of string and one human hair	Vendor pleaded guilty, fined £10, costs £2
S284	Meat Pie ..	Private	In a mouldy and flyblown condition	Vendor pleaded guilty, fined £20, costs 10s.
S286	Meat Pie ..	Private	Meat pie in a flyblown condition ..	Vendor cautioned by M.O.H.
S287	Birthday Cake ..	Private	Cake in a mouldy condition ..	Confectioner cautioned
S288	Bread ..	Private	Bread containing extraneous material foreign to bread	Baker cautioned by M.O.H.
2292	Sugar ..	Informal	Sugar contaminated with paraffin ..	Reported to Chief Sanitary Inspector
S289 (2318)	Pork Pie ..	Private	Pork pie containing meat in a mouldy condition	Vendor cautioned by Chief Sanitary Inspector
S290	Mincemeat ..	Private	Contained live grub on paper disc cover, its excrement was distributed on both sides of the paper. Web-like formation visible on surface of mincemeat	Vendor cautioned by M.O.H.

TABLE D(a)—*continued*

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
H1991	Milk Chocolate ..	Informal	Chocolate in a "bloomed" condition, some portions covered with fine surface mould growth. Acid value very high. Had deteriorated, possibly through overlong and unsuitable storage ; past its best condition for edible purposes	Vendor cautioned by M.O.H.
S291	Meat Pie ..	Private	Meat pie containing meat in a mouldy condition	Two defendants fined £5 each, with 14s. costs
S292 (2503)	Lemonade ..	Private	Contained a mass of mould mycelium in which was embedded a number of black spherical fruiting organisms. Not of quality expected by purchaser	Manufacturing firm visited and cautioned
S293	Corned Beef ..	Private	Contained a piece of string ..	Reported to Health Committee
S295	Marmalade ..	Private	Marmalade containing a dead wasp ..	Manufacturer cautioned by M.O.H. All precautions being taken at works
2484	Tomato Puree ..	Informal	Genuine Tomato Puree, containing 215 p.p.m. of tin in excess of the accepted permissible amount	Rest of consignment surrendered to Sanitary Inspectors
2565	Pure Almond Marzipan ..	Informal	Genuine marzipan wrongly labelled. Ingredient declared as "glucose" should be "liquid glucose"	Manufacturer promised to amend label on next supply of cartons
2626	Christmas Pudding ..	Informal	Genuine Christmas Pudding, pre-packed but unlabelled	Vendors fined a total of £20

TABLE D(a)—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
S296 (2628)	Honey ..	Private	Genuine Honey, incompletely labelled	Vendor cautioned
2681	Honey ..	Informal	Genuine Honey, incompletely labelled	Vendor cautioned
2690	Orange Squash ..	Informal	Orange Squash, insufficiently labelled	Firm cautioned ; rest of stock taken off sale
2680 (S299)	Chocolate ..	Private	Chocolate containing a live grub ; unacceptable for human consumption	Vendor's stock replaced
2682	Chutney ..	Informal	Genuine Chutney, incorrectly labelled (no declaration of ingredients) ..	Vendor cautioned ; promised to amend label
S298	Salt (Table) ..	Private	Contained 680 micrograms of Iodine, not declared on packet	Vendor cautioned ; submitted explanation
S300	Grapes ..	Private	Genuine grapes treated with sulphur	The sample was volunteered by the vendor and no grapes in this condition had been sold

TABLE D(b). Drug Samples reported "Not Genuine"

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
42	Cinnamon and Quinine Cold Cure	Informal	81.4 per cent deficient of the stated amount of Acid Hydrochlor. Dil.	Manufacturer cautioned by M.O.H. ; stated that labels had been wrongly printed "14.5 per cent Dil. Hydrochloric Acid" instead of "1.45 per cent". Labels to be amended

TABLE D(b) —continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
161	Celery Pills ..	Informal	Not labelled in accordance with the Pharmacy and Medicines Act. (No declaration of ingredients given)	Vendor cautioned by M.O.H. Action taken to prevent further omissions on label
372	Soda Mint Tablets ..	Informal	Not properly labelled as a medicine. (Submitted in a plain bag)	Cautioned by M.O.H. Vendor promised to use correct labelling in future
374	Soda Mint Tablets ..	Informal	Not properly labelled as a medicine. (Submitted in a bag bearing a "Glucose" advertisement)	Cautioned by M.O.H. Vendor's explanation was that two bags must have been stuck together, the wrong one being used
403	Soda Mint Tablets ..	Informal	Not properly labelled as a medicine. (Submitted in a plain bag)	Cautioned by M.O.H.
617	Calamine Lotion ..	Informal	Contained a mould growth ..	Cautioned by M.O.H.
889	Cod Liver Oil ..	Informal	Did not contain any Vitamin "A" which was declared on the label	Stock withdrawn from sale
1672	Eucalyptus Oil ..	Informal	4.57 per cent deficient of the required amount of Cineole; not of B.P. quality	Followed up by formal sample No. 1859
1859	Eucalyptus Oil ..	Formal	2.00 per cent deficient of the required amount of Cineole; not of B.P. quality	Manufacturers cautioned by M.O.H.
2196	Medicine.. ..	Informal	Medicine, dispensed under National Health Service Scheme; contained a foreign body	Reported to M.O.H.
2297	Bismuth Tablets ..	Informal	Not properly labelled as a medicine. Submitted in a bag bearing an "Aspro" advertisement	Vendor cautioned by M.O.H.

**TABLE E**  
**Results of Bacteriological Examination of Milk, 1955**  
**Examined under Milk (Special Designation) Regulations**

Grade	Total No. examined	Total Test Void	Passed as satis- factory	No. which failed Me. Blue Test	More than 2.3 L.B.U.	% Satisfactory		
						1953	1954	1955
Tuberculin Tested (Farm Bottled).. (including 27 Channel Island Milks)	43	—	41	2	—	98.7	93.8	95.3
Tuberculin Tested .. ..	914	—	797	117	—	89.1	85.4	87.2
Tuberculin Tested (Pasteurised) ..	51	1	50	—	—	100.0	100.0	100.0
Pasteurised .. ..	268	1	267	—	—	98.9	98.9	100.0
School Milk (Pasteurised) ..	68	—	68	—	—	100.0	100.0	100.0
Sterilised .. ..	53	—	53	—	—	100.0	100.0	100.0
Channel Islands Pasteurised ..	1	—	1	—	—	—	—	100.0
	1,398	2	1,277	119	—	92.2	88.8	91.4

TABLE F. Swimming Bath Waters Examined during 1955

Bath	No. examined	No. having satisfactory bacteriological quality	B. Coli too numerous or total count more than 1,000 per ml.	No. in which pH dose was too low	% passed as bacteriologically satisfactory
Cossington Street .. ..	8	8	—	1	100
Aylestone .. ..	21	21	—	—	100
Spence Street .. ..	10	10	—	—	100
Vestry Street .. ..	33	33	—	2	100
Total (Corporation Baths) ..	72	72	—	3	100
Kenwood Pool .. ..	23	18	5	—	78.3
Humberstone Lido .. ..	17	17	—	1	100
Total (all Baths) .. ..	112	107	5	4	95.5

In 11 of the above samples the Chlorine dose was of higher concentration than is desirable.

In 2 of the above samples the pH was higher than is desirable.

**TABLE G. Fertilisers and Feeding Stuffs Analysed in connection with  
the Fertilisers and Feeding Stuffs Act during 1955**

Sample	Number Examined	Number Satis- factory	Number Unsatisfactory		
			Compo- sition Incorrect	Statutory Declara- tion Defective	Total Unsatis- factory
<b>Fertilisers</b>					
"Abol" Manure .. ..	1	—	1	—	1
Ammonium Sulphate .. ..	4	3	—	1	1
Basic Slag .. ..	1	1	—	—	—
Bone Meal (Raw) .. ..	2	2	—	—	—
Dried Blood .. ..	5	3	2	—	2
Fish Manure .. ..	1	1	—	—	—
Garden Fertiliser .. ..	1	1	—	—	—
Hoof and Horn Meal .. ..	6	5	1	—	1
Hydrated Lime .. ..	3	2	1	—	1
"National Growmore" .. ..	1	1	—	—	—
Nitrate of Soda .. ..	1	1	—	—	—
Potassium Sulphate .. ..	4	4	—	—	—
Rose Manure .. ..	1	1	—	—	—
Steamed Bone Flour .. ..	1	—	1	—	1
Steamed Bone Meal .. ..	1	—	1	—	1
Super Magnite .. ..	1	1	—	—	—
Superphosphate of Lime .. ..	2	—	2	—	2
Top Dressing Manure .. ..	1	1	—	—	—
Turf Fertiliser .. ..	1	1	—	—	—
Vegerite and Aldrin .. ..	1	1	—	—	—
Velvetone Lawn Manure .. ..	1	—	1	—	1
<b>Feeding Stuffs</b>					
Baby Calf Nuts .. ..	1	1	—	—	—
Breeders' Meal .. ..	1	—	1	—	1
Dairy Nuts .. ..	2	—	2	—	2
Growers' Mash Pellets .. ..	1	1	—	—	—
Hi-Protein Dairy Nuts .. ..	1	—	1	—	1
Hi-Yield Dairy Nuts .. ..	1	1	—	—	—
Layers' Meal .. ..	2	—	2	—	2
Layers' Pellets .. ..	1	—	1	—	1
<b>Total</b> .. ..	<b>50</b>	<b>32</b>	<b>17</b>	<b>1</b>	<b>18</b>
<b>Private Fertilisers and Feeding Stuffs</b>					
Cattle Cake .. ..	1	1	—	—	—
Sow and Weaner Meal .. ..	3	3	—	—	—
Pig Fattening Meal .. ..	3	3	—	—	—
Fertilisers .. ..	2	2	—	—	—
Poultry Stimulants .. ..	2	2	—	—	—
Rusk .. ..	1	1	—	—	—
<b>Total</b> .. ..	<b>12</b>	<b>12</b>	<b>—</b>	<b>—</b>	<b>—</b>

TABLE H

**Miscellaneous Samples examined for various  
Corporation Committees**

Health Department			Education Department		
Lead Peroxide Cylinders	Atmos- pheric	60	Chocolate Flavoured Powder .. ..	4	
	Pollu- tion		Milk (Dried) .. ..	5	
Rain Water	in- vesti- gation	24	Spoon .. ..	1	
		— 84		— 10	
Waters :			City Surveyor's Department		
Chemical .. ..		8	Cement .. ..	1	
Bacteriological .. ..		2		— 1	
		— 10	School Medical Service		
Miscellaneous :			Urine .. ..	1	
				— 1	
Bath Treatment			Weights and Measures Department		
Material .. ..		1	Cut Mixed Peel .. ..	1	
Bath Waters .. ..		112	Raisins .. ..	2	
Boiler Feed Water Con- ditioning Plug .. ..		1		— 3	
Cake Mixture .. ..		1	Museum		
Chloros .. ..		2	Deposit from Urn .. ..	1	
Chocolate .. ..		1	Sandstone .. ..	4	
Cobs .. ..		1		— 5	
Corned Beef .. ..		1	Police		
Experimental Loaf .. ..		1	Glass Bulb .. ..	1	
Margarine .. ..		1	Piece of Carpet .. ..	1	
Meat Soup .. ..		1		— 2	
Milk (Dried) .. ..		4	Cottage Homes		
Soap Samples for Annual Contract .. ..		53	Milk .. ..	1	
Synthetic Skins .. ..		1		— 1	
Tomato Juice .. ..		1			
Phosphatase Milk .. ..		1,254			
		— 1,436	Total .. ..	1,459	

TABLE I

Miscellaneous Samples submitted privately by the public

Article	No.	Article	No.
<b>Foods, Drugs and Beverages :</b>		<b>Miscellaneous :</b>	
Black Pudding .. ..	1	Butter Wrappers .. ..	1
Cheese Cake Mix .. ..	1	Cactus Fruit .. ..	1
Chocolate .. ..	1	Cattle Cake .. ..	1
Fish Paste .. ..	1	Caustic Soda Detergent .. ..	4
Gelatine .. ..	1	Cement .. ..	2
Glucose .. ..	4	Cutting Oils .. ..	5
Herring Roe .. ..	1	Cyanide Antidote .. ..	1
Lamb's Liver .. ..	1	Detergent .. ..	1
"Liquid" .. ..	1	Effluent .. ..	1
Meat Gravy Powder .. ..	1	Feeding Stuffs .. ..	6
Medicine .. ..	1	Lawn Fertiliser .. ..	2
Milk .. ..	2	Leather Dressing .. ..	1
Milk Residue .. ..	1	Machine Cooling Fluid .. ..	2
Mineral Waters .. ..	2	Petrol .. ..	4
Orange Squash .. ..	3	Poultry Stimulant .. ..	2
Pudding Mix .. ..	1	Rusk .. ..	1
Sago .. ..	2	Sewage .. ..	247
Salmon .. ..	1	Steel Plate .. ..	1
Salt .. ..	1	Solvent .. ..	1
Sauces .. ..	2	Water .. ..	2
Sausage .. ..	1	Water (Bacteriological) .. ..	24
<b>Miscellaneous :</b>		Water (Chemical) .. ..	23
Air Test .. ..	1	Water (Biological) .. ..	1
Atmospheric Deposits .. ..	4	Writing Set .. ..	1
Brine Bath .. ..	1	<hr/>	
		Total .. ..	371
		<hr/>	

**TABLE J**  
**Samples submitted by Members of the Public under**  
**Food and Drugs Act**

Article	No.	Article	No.
Bread .. .. .	11	Milk .. .. .	9
Butter .. .. .	1	Milk (Dried) .. .. .	9
Cake .. .. .	4	Milk Bottle .. .. .	1
Chocolates .. .. .	2	Mincemeat .. .. .	1
Corned Beef .. .. .	1	Mineral Water .. .. .	2
Crystalline Deposit of Wine .. .. .	1	Peas (Canned) .. .. .	1
Flour (Plain) .. .. .	2	Peppercorns .. .. .	1
Fruit Pie .. .. .	1	Pineapple (Canned) .. .. .	1
Grapes .. .. .	1	Pork Pie .. .. .	3
Honey .. .. .	1	Potted Beef .. .. .	1
Iced Bun .. .. .	1	Rhubarb Can .. .. .	1
Lemonade .. .. .	1	Salami .. .. .	1
Malt Vinegar .. .. .	1	Salt .. .. .	1
Malted Milk .. .. .	1	Tea .. .. .	1
Marmalade .. .. .	1	Tongue .. .. .	1
Meat (Canned) .. .. .	1		—
Meat (Pies and Puddings) .. .. .	4	Total .. .. .	69
			—

**TABLE K**  
**Summary of Samples examined by Bacteriological Methods**  
**during 1955**

Milk .. .. .	1,922
Pasteurised Milk supplied to Schools .. .. .	70
Reservoir and other Waters (for Water Committee) .. .. .	1,947
Waters (for Health Committee) .. .. .	2
Swimming Bath Waters .. .. .	112
Miscellaneous .. .. .	19
Shellfish .. .. .	20

TABLE L  
Samples of Milk examined by the Phosphatase Test, 1955

	Dairy	Number Examined	No. giving less than 2.3 Blue Units : Efficient Pasteurisation	% of Total Satisfactory, 1955	% Satisfactory in previous years		
					1954	1953	1952
No. 1	..	250	249	99.6	100.0	100.0	99.6
No. 2	..	251	251	100.0	100.0	100.0	100.0
No. 3	..	251	251	100.0	100.0	100.0	99.6
No. 4	..	251	251	100.0	100.0	100.0	100.0
No. 5	..	251	250	99.6	98.8	100.0	99.6
Miscellaneous (mainly samples submitted for Bacteriological Tests)	..	129	129	100.0	100.0	100.0	99.2
Total	..	1,383	1,381	99.8	99.8	100.0	99.8

**TABLE N**  
**Ice Cream Samples**

Year	Fat Average %	Milk Solids Average %	Sucrose Average %	Ash Average %	No. of samples examined
1951 ..	9.3	10.6	13.2	0.80	167
1952 ..	8.8	8.8	13.0	0.76	110
1953 ..	8.8	9.4	10.4	0.83	216
1954 ..	8.7	10.5	14.4	0.87	77
1955 ..	9.1	10.8	13.5	0.90	66

**TABLE O**  
**Atmospheric Pollution**

Lead Peroxide Method for SO<sub>2</sub> Average Monthly Figures for 1955  
Results expressed in mgms. of SO<sub>2</sub> per 100 sq. cm. per day

Month	Station			
	Grey Friars	Westcotes	Evington	Town Hall
January ..	3.490	2.160	0.580	4.550
February ..	3.520	2.250	0.910	3.920
March ..	2.929	1.961	0.653	3.229
April ..	1.837	0.921	0.379	2.412
May ..	1.620	0.580	0.320	1.990
June ..	0.840	0.480	0.190	1.130
July ..	0.689	0.383	0.131	0.527
August ..	0.720	0.387	0.227	0.825
September ..	1.231	0.365	0.248	1.139*
October ..	2.208	0.772	0.493	2.579
November ..	3.146	2.039	0.725	3.510
December ..	3.020	1.740	0.940	3.720

\*This result may be low ; some Ba SO<sub>4</sub> probably lost during manipulation.

TABLE P. Atmospheric Pollution  
Figures obtained from Standard Deposit Gauge

Site of Gauge	Year	Average Monthly Rainfall Inches	Average Deposit in tons per square mile per month					Soluble Deposit	Total Deposit
			Insoluble Deposit						
			Tar	Soot	Ash	Total			
Town Hall Roof	1942	1.76	0.15	4.02	17.25	21.42	7.05	28.47	
	1943	1.72	0.13	3.63	17.19	20.95	6.63	27.58	
	1944	2.39	0.12	3.65	15.45	19.22	6.29	25.51	
	1945	1.79	0.19	3.80	13.56	17.55	6.18	23.73	
	1946	2.73	0.33	3.57	11.81	15.71	6.66	22.37	
	1947	1.80	0.25	2.94	9.06	12.25	5.75	18.02	
	1948	2.19	0.19	4.96	9.13	14.28	5.46	19.74	
	1949	1.92	0.26	4.89	9.94	15.09	5.91	20.98	
	1950	2.00	0.33	5.09	16.22	21.64	8.44	30.00	
	1951	2.50	0.27	4.33	17.94	22.54	10.22	32.76	
	1952	1.98	0.27	3.71	15.33	19.31	7.41	26.72	
	1953	1.77	0.28	4.50	12.07	16.87	8.68	25.55	
	1954	2.62	0.19	5.12	11.29	16.61	8.17	24.78	
	1955	1.88	0.10	3.52	8.15	11.77	6.67	18.44	
Average for 14 years		2.07	0.22	4.12	13.17	17.51	7.11	24.62	
Evington	1951	2.84	0.11	1.15	1.84	3.10	3.76	6.86	
	1952	2.04	0.12	1.96	3.05	5.13	3.91	9.04	
	1953	1.79	0.10	1.18	1.40	2.35	2.83	5.18	
	1954	2.57	0.05	1.84	1.40	3.30	3.80	7.10	
	1955	1.77	0.05	3.16	1.59	4.80	2.91	7.71	
Average for 5 years		2.20	0.09	1.86	1.86	3.74	3.44	7.18	

TABLE W

## Samples Submitted by the Water Department

Waters (Chemical)	..	..	..	1,765
Waters (Bacteriological)	..	..	..	1,658
Waters (Biological)	..	..	..	173
Daily City Supply Waters		..	..	289
Brass Elbow Joint	..	..	..	1
Cement Improver	..	..	..	2
Chloros	..	..	..	1
Condensed Milk	..	..	..	1
Copper Fitting	..	..	..	1
Deposit	..	..	..	5
Galvanised Iron Tubing	..	..	..	1
Insect	..	..	..	1
Kettle	..	..	..	1
Pipes	..	..	..	12
Soil	..	..	..	16
Yarn	..	..	..	2
Total	..	..	..	3,929

TABLE W(a)

## THORNTON IMPOUNDING RESERVOIR

## Summary of Samples taken during 1955

	Average	Range	No. of samples
<b>Raw</b>			
pH .. .. .	7.9	7.5—8.5	50
Colour (Hazen Scale) ..	35	24—80	50
Turbidity (p.p.m. SiO <sub>2</sub> ) ..	5	1—40	48
Probable No. of Coliform Organisms per 100 ml. ..	—	Nil—100 100—180 More than 180	36 5 9
<b>Filtered</b>			
pH .. .. .	7.4	7.2—7.9	151
Colour (Hazen Scale) ..	19	11—45	151
Probable No. of Coliform Organisms per 100 ml. ..	—	Nil—10 10—18 More than 18	139 6 5
<b>Chlorinated</b>			
pH .. .. .	7.4	7.1—8.2	150
Colour (Hazen Scale) ..	12	7—22	150
Probable No. of Coliform Organisms per 100 ml. ..	Nil	—	150
<b>In Supply</b>			
pH .. .. .	7.4	7.1—7.8	52
Colour (Hazen Scale) ..	11	7—20	52
Probable No. of Coliform Organisms per 100 ml. ..	Nil	—	52

TABLE W(b)

## CROPSTON IMPOUNDING RESERVOIR

## Summary of Samples taken during 1955

	Average	Range	No. of samples
<b>Raw</b>			
pH .. .. .	7.6	7.1—8.9	50
Colour (Hazen Scale) ..	27	20—43	50
Turbidity (p.p.m. SiO <sub>2</sub> ) ..	3	1—11	47
Probable No. of Coliform Organisms per 100 ml. ..		Nil—100 100—180 More than 180	38 3 9
<b>Filtered</b>			
pH .. .. .	7.1	6.9—7.4	99
Colour (Hazen Scale) ..	10	7—18	99
Probable No. of Coliform Organisms per 100 ml. ..		Nil—10 10—18 More than 18	95 — 4
<b>Chlorinated</b>			
pH .. .. .	7.1	6.9—7.6	99
Colour (Hazen Scale) ..	8	5—14	99
Probable No. of Coliform Organisms per 100 ml. ..	Nil	—	100
<b>In Supply</b>			
pH .. .. .	7.1	6.9—7.4	53
Colour (Hazen Scale) ..	8	5—11	53
Probable No. of Coliform Organisms per 100 ml. ..	Nil	— 2	53 1 (27/10/55)

TABLE W(c)

## SWITHLAND IMPOUNDING RESERVOIR

## Summary of Samples taken during 1955

	Average	Range	No. of samples
<b>Raw</b>			
pH .. .. .	8.0	7.3—9.1	51
Colour (Hazen Scale) ..	31	18—60	51
Turbidity (p.p.m. SiO <sub>2</sub> ) ..	4.0	1—12	47
Probable No. of Coliform Organisms per 100 ml. ..		Nil—100	49
		100—180	2
		More than 180	1
<b>Filtered</b>			
pH .. .. .	7.4	7.0—8.5	99
Colour (Hazen Scale) ..	13	7—18	99
Probable No. of Coliform Organisms per 100 ml. ..	—	Nil—18+	100
<b>Chlorinated</b>			
pH .. .. .	7.3	7.0—8.5	95
Colour (Hazen Scale) ..	9	5—13	95
Probable No. of Coliform Organisms per 100 ml. ..	Nil	Nil	96
<b>In Supply</b>			
pH .. .. .	7.4	7.1—8.3	50
Colour (Hazen Scale) ..	8	6—11	50
Probable No. of Coliform Organisms per 100 ml. ..	Nil	Nil	50

TABLE W(d)

## DERWENT SUPPLY

## Summary of Samples taken during 1955

	Average	Range	No. of Samples
<b>Incoming Water to Hallgates Filter Station</b>			
pH .. .. .	8.2	7.0—9.1	149
Colour (Hazen Scale) ..	5	5—25	149
Probable No. of Coliform Organisms per 100 ml. ..		Nil	149
		2	1 (28/11/55)
		6	1 (21/12/55)
<b>Outgoing Water from Hallgates Filter Station</b>			
pH .. .. .	8.1	7.0—9.1	151
Colour (Hazen Scale) ..	5	4—7	151
Probable No. of Coliform Organisms per 100 ml. ..	Nil	—	154
<b>In Supply</b>			
pH .. .. .	8.2	7.0—9.1	52
Colour (Hazen Scale) ..	5	5—6	52
Probable No. of Coliform Organisms per 100 ml. ..	Nil	—	54

# **Report on the Sanitary Inspection Department for the year 1955**

by

**G. A. HILLER, F.R.S.H., F.S.I.A.**  
Chief Sanitary Inspector

Last year reference was made to the shortage of sanitary inspectors and unfortunately I have to report that during 1955 these losses continued, so that at the end of the year the establishment of 32 was reduced to 17. The effect of this is seen in the reduced number of inspections and particularly of re-inspections following investigation of complaints of defects in dwelling houses. It has been quite impossible to follow up these matters and to expedite the completion of the necessary repairs. Whilst the staff has been slowly diminishing complaints of nuisance have increased to the extent of 550 during the past year. By comparison with 1954 the amount of new work done on slum clearance has been quite small but it must be remembered that a whole mass of work remained in the Wharf Street Redevelopment Area following the representations made during 1954. The clearance of the approved Clearance Areas has been going on apace and much work has been found necessary on disinfestation and in connection with the many nuisances arising from a derelict area.

It was perhaps fortunate for the department that the demand for Certificates of Disrepair under the Housing Repairs and Rents Act, 1954, which became operative on the 31st August, 1954, was not as great as expected. This enabled the department to deal with enquiries promptly.

The meat inspectors examined nearly 160,000 carcasses during the year. This work continues to be a first priority.

I should like to thank the Health Inspection Sub-Committee for their appreciation of the difficulties under which the staff worked during the year. Thanks are also due to the whole of the staff for the manner in which they have carried out their duties, often at great inconvenience to themselves.

## STAFF

The establishment is made up as follows :

- 1 Chief Sanitary Inspector
- 1 Deputy Chief Sanitary Inspector
- 4 Divisional Sanitary Inspectors
- 1 Senior Meat Inspector (vacant)
- 11 Specialist Inspectors :
  - 5 Meat Inspection (3 vacancies)
  - 2 Housing (Slum Clearance) (2 vacancies)
  - 1 Cafés and Restaurants
  - 1 Food and Drugs Act Sampling
  - 1 Shops Act
  - 1 Smoke Abatement (vacant)
- 14 Sanitary Inspectors (8 vacancies)
- 1 Food Hygiene Officer (female)
- 8 Pupil Sanitary Inspectors (3 vacancies)
- 1 Chief Clerk
- 6 Clerks
- 6 Sanitary Assistants (Manual Staff)
- 1 Abattoir Assistant (Manual Staff)

During the year the Health Committee reconsidered the establishment of sanitary inspectors in the light of changed circumstances due to the de-control of slaughtering and slum clearance.

The number of pupil sanitary inspectors was also increased with a view to attracting older entrants who have done their National Service training and part of the preliminary training for the qualifying examination.

The effect of these alterations will not be felt until next year.

## GENERAL SANITARY CIRCUMSTANCES

### Complaints and Inspections

Accumulations of Refuse .. .. .	59
Choked and Defective Drains .. .. .	332
Defective Water Supply .. .. .	56
Defective Water Closets .. .. .	514
General Housing Defects .. .. .	1,759
Flood Water in Houses .. .. .	38
Overcrowding .. .. .	516
Infestations : Insect Pests, Rats and Mice .. .. .	88
Keeping of Animals .. .. .	22
Offensive Odours .. .. .	96
Factory Conditions (Sanitation) .. .. .	77
Smoke Nuisances .. .. .	100
Miscellaneous .. .. .	86
	<hr/>
	3,743

## SYNOPSIS OF SANITARY INSPECTION WORK

	Inspections				
Accumulations .. .. .	..	..	..	..	165
Agricultural Produce (Grading and Marking) Act ..	..				23
Animals, Poultry, Swine, etc. .. .. .	..	..	..	..	41
Ashpits and Ashbins .. .. .	..	..	..	..	—
Bakehouses .. .. .	..	..	..	..	61
Canal Boats .. .. .	..	..	..	..	1
Cesspools .. .. .	..	..	..	..	14
Closets—Water .. .. .	..	..	..	..	516
„ Pails .. .. .	..	..	..	..	1
Cold Stores .. .. .	..	..	..	..	38
Common Lodging Houses .. .. .	..	..	..	..	28
Complaints Received .. .. .	..	..	..	..	3,743
Complaints Confirmed .. .. .	..	..	..	..	3,579
Cowsheds .. .. .	..	..	..	..	2
Dairies .. .. .	..	..	..	..	246
Dangerous Structures .. .. .	..	..	..	..	71
Ditches and Watercourses .. .. .	..	..	..	..	23
Drains—Inspected .. .. .	..	..	..	..	747
„ Smoke Tests .. .. .	..	..	..	..	124
„ Chemical Tests .. .. .	..	..	..	..	27
„ Colour Tests .. .. .	..	..	..	..	81
Entertainment Houses .. .. .	..	..	..	..	3
Factories .. .. .	..	..	..	..	139
Fish Frying Premises .. .. .	..	..	..	..	15
Food Examination .. .. .	..	..	..	..	1,221
Food Manufacturing Premises .. .. .	..	..	..	..	164
Food Vendors' Vehicles .. .. .	..	..	..	..	69
Food Warehouses .. .. .	..	..	..	..	802
Hotel and Restaurant Kitchens .. .. .	..	..	..	..	1,214
Houses Let in Lodgings .. .. .	..	..	..	..	16
Houses re Infectious Disease .. .. .	..	..	..	..	309
„ Infectious Disease Contacts .. .. .	..	..	..	..	20
„ Specimens of Faeces, etc. .. .. .	..	..	..	..	94
„ Disinfection .. .. .	..	..	..	..	128
„ Overcrowding .. .. .	..	..	..	..	460
„ Vermin .. .. .	..	..	..	..	632

### Housing Acts :

#### Section 9 (Repairs)—

Houses .. .. .	..	..	..	..	653
Other Buildings .. .. .	..	..	..	..	—

#### Section 11 (Individual Unfit)—

Houses .. .. .	..	..	..	..	198
Other Buildings .. .. .	..	..	..	..	3

Carried forward .. .. . 15,671

					Inspections
Brought forward	..	..	..	..	15,671
Section 25 (Clearance Areas)—					
Houses	..	..	..	..	919
Other Buildings	..	..	..	..	8
Special Visits	..	..	..	..	1,023
Housing Repairs and Rents Act, 1954 (Certificates of					
Disrepair)	..	..	..	..	60
Ice Cream Premises	..	..	..	..	467
Markets—Retail Fish	..	..	..	..	139
„ Retail Provision	..	..	..	..	147
„ Wholesale Fish	..	..	..	..	317
„ Wholesale Fruit and Vegetable	..	..	..	..	255
Meeting with Owner or Tradesman..	..	..	..	..	1,470
Merchandise Marks Act	..	..	..	..	141
Milk Shops	..	..	..	..	200
Offensive Trade Premises	..	..	..	..	13
Outworkers	..	..	..	..	333
Pet Animals Shops	..	..	..	..	24
Piggeries	..	..	..	..	6
Samples for analysis :					
Visits, etc., re foodstuffs, water, rag flocks, etc.	..	..	..	..	1,226
Schools	..	..	..	..	7
Sewers, etc.	..	..	..	..	13
Shops—Fish	..	..	..	..	28
„ Fruit	..	..	..	..	9
„ Meat	..	..	..	..	195
„ Other Food Shops	..	..	..	..	290
Shops Acts	..	..	..	..	277
Slaughterhouses—Private	..	..	..	..	975
Smoke Observations	..	..	..	..	16
Special Visits re Smoke	..	..	..	..	284
Stables	..	..	..	..	1
Street Gullies	..	..	..	..	7
Streets or Back Roads	..	..	..	..	—
Tips	..	..	..	..	—
Urinals—Private	..	..	..	..	3
„ Public	..	..	..	..	32
Van Dwellings	..	..	..	..	387
Wells	..	..	..	..	4
Yards and Courts	..	..	..	..	7
<hr/>					
Total	..	..	..	..	24,954
Re-inspections	..	..	..	..	7,336
<hr/>					
Grand Total	..	..	..	..	32,290
<hr/>					

### Comparative figures for 1954 :

Total inspections	..	..	..	..	24,861
Re-inspections	..	..	..	..	15,034
Grand Total	..	..	..	..	39,895
Notices—Served—Informal	..	..	..	..	1,840
Formal	..	..	..	..	39
Complied with —Informal	..	..	..	..	1,742*
Formal	..	..	..	..	27

\*(Includes 810 notices served in previous years)

### Drainage, Sanitation and Water Supply

Slum clearance is beginning to have its effect on the reduction of the number of dwellings in the city which are without separate internal water supply and a separate water closet.

During the year 496 houses in the Wharf Street Redevelopment Area which were lacking in these amenities were demolished.

There has been no change in the number of cesspools, pail closets and shallow well water supplies, although there is a marked addition in the number of additional water closets constructed.

	1954	1955
Number of cesspools	86	86
Number of known pail closets	72	72
Houses where separate water supply provided	16	18
Houses where separate or additional water closets provided	4	78
Drains unstopped by Sanitary Department..	177	196

### Swimming Pools

During the year visits were made to the two open-air swimming pools and the four public baths, and samples were obtained from the water in the pools and baths. The samples were submitted to the Public Analyst for examination and the results obtained are detailed in his section of the Report.

Number of samples taken	..	..	..	..	101
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During the year frequent inspections were made of the dressing rooms and sanitary accommodation and all were found to be satisfactory.

## Disinfection and Disinfestation

The steam treatment of bedding and soft furnishings continued to be done at Hillcrest where the best possible use was made of the plant available. It is most disappointing to report that the new station at Welford Road which was expected to be ready early in the year was not, in fact, completed at the end of the year.

Once again thanks are due to the Committee and Superintendent at Hillcrest for their co-operation.

Houses disinfected	..	..	..	..	338
Houses disinfested	..	..	..	..	1,177
Bedding, clothing, etc., steam-treated			..	..	1,063
Articles disinfected prior to export..			..	..	17

## Common Lodging House and Houses Let in Lodgings

The one remaining common lodging house has been conducted satisfactorily.

Houses let in lodgings have received little attention apart from the occasions upon which complaints were received as to overcrowding and lack of amenities.

There is an obvious need for a complete survey of these houses so that the circumstances in them may be known and appropriate action taken. Whilst there is some increase in the number of West Indians and workers from other countries coming to live in Leicester no special problem has arisen from this cause.

## Movable Dwellings

The Health Committee's policy of reducing the number of van dwellings in the City to a minimum has been followed vigorously and it is interesting to note that whereas 39 sites were used for this purpose during 1954 only 26 were so used in 1955.

Two old-established sites involving 20 caravans were cleared but very many visits were necessitated before this was achieved as well as for the purpose of providing convincing evidence of the need for better legal powers than those contained in the Public Health Act, 1936, in support of the appropriate clauses in the Leicester Corporation Bill.

Circuses and Fairs visiting the city have also received attention and the co-operation of all the Corporation Departments concerned has prevented any nuisance occurring on these occasions.

**Knackers' Yards**

There is now only one knacker's yard in Leicester. The premises were connected to the town sewerage system during the year.

**Offensive Trades**

The registered offensive trades are as shown below :

Tripe Dressers	..	..	..	6
Marine Store Dealers	..	..	..	8

Complaints are received from time to time regarding some of these premises, usually in hot weather.

Unfortunately, one of the largest businesses is situated almost in the city centre and despite a very high standard of cleanliness some nuisance at times is unavoidable. The provision of a new public abattoir with facilities nearby for the associated processes is an urgent need.

**Pet Shops**

There are 26 shops covered by licences under the Pet Animals Act, 1951, and 66 visits were made. The licensing conditions were found to be observed in all cases.

**Factories**

The number of registered factories and the inspections made are shown in the following Tables.

# OBSERVATIONS ON THE ADMINISTRATION OF THE FACTORIES ACT, 1937 and 1948

## PART I OF THE ACT

### 1.—INSPECTIONS for purposes of provisions as to health (inspections made by Sanitary Inspectors)

Premises (1)	Number on Register (2)	Number of			Occupiers prosecuted (5)
		Inspections and Re-Inspections (3)	Written notices (4)		
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities .. .. .	93	3	3		—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority .. .. .	2,116	309	48		—
(iii) Other Premises in which Section 7 is enforced by the Local Authority* (excluding out-workers' premises) .. .. .	—	—	—		—
Total .. .. .	2,209	†312	51		—

(†Includes 68 visits to Bakehouses)

\**i.e.*, Electrical Stations (Section 103(1)), Institutions (Section 104) and sites of Building Operations and Works of Engineering Construction (Sections 107 and 108).

## 2.—Cases in which DEFECTS were found

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1) .. ..	5	4	—	5	—
Overcrowding (S.2) .. ..	—	—	—	—	—
Unreasonable temperature (S.3) .. ..	—	—	—	—	—
Inadequate ventilation (S.4) .. ..	—	—	—	—	—
Ineffective drainage of floors (S.6) .. ..	—	—	—	—	—
Sanitary Conveniences (S.7) :					
(a) insufficient .. ..	2	2	—	2	—
(b) unsuitable or defective .. ..	40	30	—	33	—
(c) not separate for sexes .. ..	2	2	—	2	—
Other offences against the Act (not including offences relating to Outwork) .. ..	27	25	—	17	—
Total .. ..	76	*63	—	59	—

(\*This total includes 31 notices served in previous years but complied with in 1955)

## Outworkers

Notification of outworkers has been much better this year, the majority of firms sending in their lists regularly in February and August.

Whilst visiting houses for other purposes the sanitary inspectors have done some work in this connection and have been looking out especially for any incidence of food preparation or packing. Nothing of this nature has come to light except a very few instances of onion skinning for pickle manufacturers.

### OUTWORK (Sections 110 and 111)

Total number of outworkers in August, 1955, was as shown below :

Wearing Apparel, Making, etc. . .	..	1,388
Umbrellas, etc. . .	..	15
		<hr/>
Total . . .	..	1,403
		<hr/>

### ATMOSPHERIC POLLUTION

Public reaction to the publicity given to the dangers of atmospheric pollution has again been demonstrated in the number of complaints received regarding smoke emissions. The figure is 100 compared with 57 in the previous year.

Following the 'Beaver Report' referred to in last year's Annual Report, the Clean Air Bill is making steady progress through Parliament.

The sanitary inspectors have done their best to effect improvement where nuisances have been found to occur but a great deal of time is necessary in many cases before firm recommendations can be made for improvement.

The following case gives some idea of the work done in this respect :

A serious black smoke nuisance occurred on the premises of a firm of beer bottlers.

Upon inspection the plant was found to consist of two boilers, one a low-pressure sectional boiler used for space heating and the second a high-pressure vertical cross tube boiler used in connection with the business. The plant was overloaded and bituminous coal was being used. In addition, the boiler house was very dark, cramped for space, and situated in a basement.



*Cleared land, site of 501 premises in the Lewin Street No. 111 and Metcalf Street No. 114 Clearance Areas.*



*Typical court houses in the Russell Street No. 115 Clearance Area.*

As an emergency measure the sanitary inspector gave advice on firing the boiler to the man in charge, who was also the odd job man on the premises. Consultation between the engineer and the sanitary inspector as to a permanent remedy for the nuisance resulted in the construction of a new boiler house on the ground level and the installation of a new oil-fired boiler, which replaced the two obsolete boilers.

The plant has been found to be entirely sufficient for the needs of the premises and there has been no further smoke nuisance.

Complaints of smoke and grit	..	..	100
Smoke observations	..	..	16
Grit Plate Recordings	..	..	-
Visits to boiler plant following complaints and observations	..	..	206

## HOUSING CONDITIONS

Slum Clearance is dealt with mainly in an earlier part of this Report by the Medical Officer of Health.

Towards the end of 1954 a special effort was made to clear up the inspectorial work to facilitate the official representation of the remaining premises in the Wharf Street Re-development Area. During the year under review a great deal of work was still going on in this area either in connection with the objections which were lodged against the Council's proposals or in consequence of the demolition of the property in the "confirmed" areas.

The demolition of Areas Nos. 111, 112 and 114 has been completed and the land cleared. As soon as these slum houses are vacated and there is no longer anybody to look after them their deterioration is dramatic and only goes to show how necessary it is that no persons should be allowed to live in such houses a moment longer than is absolutely necessary.

In addition to the nuisance from dust arising during the demolition process a very considerable problem has been the disposal of old bedding, furniture and rubbish dumped in the empty houses from the neighbourhood. Thanks are due to the Cleansing Committee and the Director, Mr. Colin Clegg, for help in dealing with this problem and thus reducing the nuisance from decomposing and insanitary material to a minimum.

# HOUSING STATISTICS

For year ended 31st December, 1955

## 1.—Unfit Dwelling Houses—Inspection.

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) .. ..	3,490
(b) Number of inspections made for the purpose .. ..	6,594
(2) (a) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932 .. ..	548
(b) Number of inspections made for the purpose .. ..	2,399
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ..	502
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found to be not in all respects reasonably fit for human habitation .. .. .	2,125

## 2.—Remedy of Defects without Service of Formal Notices.

Number of defective dwelling houses rendered fit in consequence of informal action by Local Authority or their officers	1,969
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## 3.—Action under Statutory Powers.

### A—Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 :

(1) Number of dwelling houses in respect of which notices were served requiring repairs .. .. .	—
(2) Number of dwelling houses which were rendered fit after service of formal notices :	
(a) By owners .. .. .	—
(b) By Local Authority in default of owners .. ..	—

### B—Proceedings under Public Health Acts :

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied .. ..	40
(2) Number of dwelling houses in which defects were remedied after service of formal notices :	
(a) By owners .. .. .	35
(b) By Local Authority in default of owners ..	—

### C—Proceedings under Sections 11 and 13 of the Housing Act, 1936 :

(1) Number of dwelling houses in respect of which Demolition Orders were made .. .. .	136
(2) Number of dwelling houses demolished in pursuance of Demolition Orders .. .. .	29

### D—Proceedings under Section 12 of the Housing Act, 1936 :

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made .. ..	—
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit .. ..	—

Number of houses in respect of which Closing Orders were made under the Leicester Improvement Drainage and Markets Act, 1868, (This figure includes houses represented in 1954 but on which Orders were not made until 1955) .. .. .	4
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Number of houses in respect of which Closing Orders were made under Section 10 of the Local Government (Miscellaneous Provisions) Act, 1953 .. .. .	30
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The following Table shows the progress made in rehousing the occupants of houses condemned in areas or individually before the war :

		Occupied houses	
		1st January, 1955	31st December, 1955
(a) In "Areas"	..	189	85
(b) Individually	..	7	3

## Housing Repairs

Once again the need for systematic house-to-house inspections must be stressed. This need is clearly indicated in the increased number of complaints received in respect of housing defects.

## Certificates of Disrepair

During the whole of the year 78 applications for certificates of disrepair were received as compared with 52 in the last four months of the previous year. It is clear that the Housing Repairs and Rents Act, 1954, has not had the desired effect in halting the deterioration of houses which at present are capable of repair.

Certificates granted	..	..	..	62
„ refused	..	..	..	11
Applications withdrawn	..	..	..	4
„ outstanding	..	..	..	1

In addition, 27 certificates, applied for in the previous year, were granted.

Applications for Revocation of Certificate	..	37
„ „ „ granted	..	37

As far as possible, landlords are notified of the necessary repairs prior to the authorisation of the disrepair certificates by the Health Committee. This makes it possible for work to be carried out quickly and reduces the period of delay before the increased rent can be charged as well as the time during which the tenant can withhold the 40 per cent repair increase allowed on the standard rent.

## Legal Proceedings

Public Health Act, 1936. One owner failed to comply with the terms of three Abatement Notices served on him in respect of three houses. He was summoned before the magistrates and Nuisance Orders were made requiring the notices to be complied with within fourteen days. The owner failed to do this, was summoned again, and was fined three

pounds in each case and ordered to do the work without delay. After this he complied with the instructions of the magistrates.

Housing Act, 1936. One appeal was entered in the County Court against a demolition order made by the Council under Section 11 of the Act. The owner had made no offer at the time the demolition was considered by the Health Committee.

At the hearing his legal representative asked for an adjournment in order that an offer might still be made. This was agreed and the offer was accepted by the Health Committee in December.

It was estimated that the expenditure necessary to put the house into a proper state of repair was £415 8s. 1d.

## FOOD

### Meat Inspection

This was the first full calendar year since the slaughtering of livestock for food was decontrolled.

The demand for home-killed meat in the city and surrounding districts continues to be high and a large number of carcasses was killed and dressed at the public abattoir and private slaughterhouses.

The number of slaughterhouses available in Leicester is as follows :

Public slaughterhouses	..	..	..	..	10
Private slaughterhouses adjoining public slaughterhouses					2
Other private slaughterhouses	..	..	..		2
Institutional slaughterhouses	..	..	..		1

These premises are serving their purpose and meat is dealt with in a reasonably cleanly manner having regard to all the difficulties.

It is to be hoped that the Government's policy on slaughter standards and siting will be declared very soon so that a new public abattoir suitable for the needs of the area can be provided.

### Animal Health

There has been a marked improvement in the quality of the animals killed in Leicester this year and this, no doubt, is due to the public demand for good quality meat.

The incidence of tuberculosis in cattle killed was very much less, having fallen from 7.64% to 6.55% in bullocks and from 33.9% to 19.23% in cows. In pigs the comparative figures are 8.16% and 1.87%.

The amount of meat condemned was down by about 40 tons.

Total Number of Animals Slaughtered, 158,864, comprising :

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Totals
Public Abattoir ..	14,385	2,213	2,673	67,541	53,293	140,105
Private Slaughterhouses ..	2,147	468	253	14,332	771	17,971
Casualties ..	113	164	79	268	164	788
Totals ..	16,645	2,845	3,005	82,141	54,228	158,864

Carcases Inspected and Condemned 1955

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed .. ..	16,645	2,845	3,005	82,141	54,228
Number inspected .. ..	16,645	2,845	3,005	82,141	54,228
All diseases except Tuberculosis— Whole carcases condemned ..	7	8	5	45	47
Carcases of which some part or organ condemned .. ..	2,620	689	9	726	1,095
Percentage of the number inspected affected with disease other than Tuberculosis .. ..	15.78	24.5	.47	.94	2.1
Tuberculosis only. Whole carcases condemned .. ..	23	20	4	1	13
Carcases of which some part or organ condemned .. ..	1,067	527	6	1	1,001
Percentage of the number inspected affected with Tuberculosis ..	6.55	19.23	.33	Nil	1.87

Tabulated List of other defined Diseases and their incidence in Carcases rejected

Disease	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Total
Acute Enteritis ..	-	-	-	-	1	1
Abnormal Odour ..	-	1	-	-	-	1
Bruising ..	-	-	-	1	-	1
Black Quarter ..	1	-	1	-	-	2
Decomposed ..	-	-	-	1	-	1
Dead Animals ..	-	-	-	5	6	11
Erysipelas ..	-	-	-	-	2	2
Emaciation ..	1	-	-	4	2	7
Fevered ..	1	2	-	2	3	8
Gangrene ..	-	-	-	1	-	1
Injury ..	-	-	-	15	1	16
Immature ..	-	-	1	-	-	1
Johnes ..	-	1	-	-	-	3
Jaundice ..	2	-	-	2	-	2
Multiple Abscesses ..	-	-	-	-	1	1
Moribund ..	-	-	-	1	2	3
Oedema ..	-	-	1	4	4	9
Pyæmia ..	-	-	1	1	3	5
Septic Conditions ..	1	4	1	7	13	26
Swine Fever ..	-	-	-	-	6	6
Toxaemia ..	-	-	-	1	-	1
Tetanus ..	-	-	-	-	1	1
Uraemia ..	1	-	-	-	2	3
Totals ..	7	8	5	45	47	112

Total Weights of Meat Condemed

	English Meat			Imported Meat			English Offal			Imported Offal			Totals		
Public Abattoir, Cattle Market	T. 39	C. 4	Qrs. lbs. 1 20	T. 0	C. 0	Qrs. lbs. 0 0	T. 56	C. 12	Qrs. lbs. 3 14	T. 0	C. 0	Qrs. lbs. 0 0	T. 95	C. 17	Qrs. lbs. 1 6
Private Slaughterhouses	1	16	1 2	0	0	0 0	11	9	0 8	0	0	0 0	13	5	1 10
Wholesale Meat Depots	0	0	0 0	0	9	3 17	0	0	0 0	0	1	3 20	0	11	3 9
Totals ..	41	0	2 22	0	9	3 17	68	1	3 22	0	1	3 20	109	14	1 25

## SUMMARY OF FOODSTUFFS CONDEMNED

Tons Cwt. Qrs. Lbs.					Other Foodstuffs, etc.	
<b>Fish (excluding</b>					Bacon .. ..	109 lb.
Shell Fish) ..	4	14	3	16	Beetroot .. ..	5 packets
<b>Shell Fish :</b>					Biscuits .. ..	1,399 lb.
Crabs .. ..	-	1	3	14	Butter .. ..	361 lb.
Mussels .. ..	2	4	3	-	Cake .. ..	64 lb.
Other Shell Fish	-	4	2	16	Cake Mixture .. ..	81 packets
<b>Fruit .. ..</b>					Cereal .. ..	5 packets
	1	15	1	24	Cheese .. ..	8,217 lb.
<b>Meat :</b>					Coffee .. ..	4 bottles
English .. ..	41	-	2	22	Cream .. ..	9 cartons
Imported .. ..	-	9	3	17	Crumpets .. ..	47
<b>Offal :</b>					Dates .. ..	27 packets
English .. ..	68	1	3	22	Eggs (dried) .. ..	274 lb.
Imported .. ..	-	1	3	20	Fish .. ..	1,687 tins
<b>Vegetables .. ..</b>					Fish Cakes .. ..	173
	2	6	0	20	Fish Paste .. ..	18 jars
<b>Poultry, Game, etc.</b>					Flour .. ..	13 lb.
Chicken and Fowls .. ..				384	French Mustard .. ..	12 jars
Hares .. ..				10	Fruit (dried) .. ..	144 lb.
Rabbits .. ..				664	Fruit .. ..	10,457 tins
					Ice Cream .. ..	3 gallons
					Jam .. ..	51 jars
					Jellies .. ..	100 jars
					.. ..	192 packets
					Meat .. ..	3,634 tins
					Meat (cooked) .. ..	1,047 lb.
					Meat (frozen) .. ..	1,645 lb.
					Meat Paste .. ..	68 jars
					Milk .. ..	1,531 tins
					Mushrooms .. ..	8 lb.
					Nuts .. ..	375 lb.
					Oatmeal .. ..	210 lb.
					Pickles .. ..	35 jars
					Pies (meat) .. ..	11 lb.
					Potatoes .. ..	637 lb.
					Sauce .. ..	103 bottles
					Sausage .. ..	798 lb.
					Semolina .. ..	525 lb.
					Strained Food	
					(Vegetables) .. ..	296 jars
					Suet .. ..	14 lb.
					Sugar .. ..	17 lb.
					Sweets .. ..	287 lb.
					Tripe .. ..	60 lb.
					Vegetables .. ..	6,326 tins
					Yeast .. ..	756 lb.

## Co-operation with National Veterinary Service

In all cases where tuberculous pigs and calves can be traced to the farms on which they have been reared the veterinary officers of the Ministry of Agriculture, Fisheries and Food are informed and given details of the sites of infections revealed on post-mortem examination.

### C. Bovis

Localised viable cysts were found in 32 animals during the year and all the carcasses were subjected to the recommended low-temperature storage treatment :

Oxen	..	..	13
Heifers	..	..	16
Cows	..	..	2
Steers	..	..	1

### Meat Transport

Generally, meat transportation in the City is carried out satisfactorily, but on several occasions men doing this work have had to be warned about the dirty condition of their protective clothing. It is not always appreciated that the wearing of suitable head covering and overalls is primarily for the protection of the meat and not for the wearers' clothing.

A prosecution for carrying live poultry in a meat van resulted in a fine of ten pounds (£10).

### Catering Premises

The inspection of restaurants, hotel kitchens and snack bars has continued during the year and a number of extensive alterations and improvements has been begun and in some cases completed. Two of the largest restaurants have been completely reorganised and reconstructed and several hotels have improved their kitchens and preparation rooms. The sanitary inspector is concerned with what is seen by the public, but more so with what takes place in the kitchens. Higher standards, both of premises and of methods are the aim of all our work, and the advantages of improved appliances and working surfaces are readily apparent to the employer and employee where these have been carried out.

The construction of walls and floors that can be easily cleaned and then look clean, the covering of all tables and shelves, etc., used in food preparation with jointless impervious materials which do not require



Restaurant kitchen recently re-designed. All equipment in stainless steel. Good natural and artificial lighting. Hoods for removal of steam. Assistants wearing white overalls and head coverings.



Washing up facilities showing sterilizing sink with hood for removal of steam. Crockery shown in wire baskets for final rinse in water at 180°. Crockery is air dried, use of drying cloths being unnecessary at this temperature.



the laborious scrubbing of wooden tables are matters of importance in these days of staffing difficulties, as well as being more hygienic.

Washing up, an unattractive but very important part of the work of food preparation, can only be done with ample supplies of hot water but, with proper equipment, can be much less unpleasant.

The proper siting of cooking ranges provided with hoods to remove smells, heat and steam, can make working conditions much more congenial, apart from the fact that the decorations of the room remain in good condition for longer than where heat and steam are allowed to attack them freely.

Caterers are becoming more conscious of these facts and are co-operating very well.

Four of the smaller cafés in the city which were below even a minimum standard of hygiene and were incapable of improvement have been closed voluntarily during the year, and it is known that several others are considering their position in anticipation of the Food Hygiene Regulations, 1955.

The policy of the Department has always been to assist in the improvement of premises but some places are incapable of being made suitable. These are extreme cases but a minimum standard must be maintained.

### **Talks and Demonstrations**

It has been pleasing during the year to find how readily help and advice have been sought from officers of the department. Food traders generally are realising more and more that the Health Department exists to help as well as to administer the law.

Fifty-six lectures and demonstrations have been given during the year mainly by the Chief Sanitary Inspector, Miss Shute, Food Hygiene Officer, and Messrs. Beresford, Stacey and Fiddes.

No request for help of this nature is ever refused however small the numbers or inconvenient the time.

### **City of Leicester Clean Food Guild**

Whilst national codes of practice are awaited the standards set largely for themselves by the food traders in Leicester are becoming increasingly acceptable.

The following Table shows the position as regards applications for membership. It will be seen that Certificates of Membership are not

given lightly although every endeavour is made to help traders to comply with their particular code of practice.

Trade	Applications	Certificates granted
Bakers and Confectioners .. ..	17	12
Catering Establishments .. ..	20	12
Fishmongers and Fish Fryers .. ..	9	6
Fruiterers and Greengrocers .. ..	9	6
Grocers and General Stores .. ..	144	78
Ice Cream .. ..	2	2
Manufactured Meat Products .. ..	9	6
Retail Butchers .. ..	28	11
Sweets .. ..	8	6
Licensed Premises .. ..	1	1
Totals .. ..	247	140

#### Codes of Practice in Operation :

Bakers and Confectioners	Licensed Premises
Catering Establishments	Manufactured Meat Products
Fishmongers and Fish Fryers	Retail Butchers
Fruiterers and Greengrocers	Sweet Shops
Grocers and General Stores	Mobile Shops
Ice Cream	

At the Annual Home Life Exhibition held in the Granby Halls in September the Health Department Stand was devoted to publicising the Guild and trade members of the Executive Committee attended with officers of the Department so as to be of help with trade enquiries.

## SHOPS ACT

### Shops and Food Premises

The following Tables show the inspections made and improvements carried out in food shops under the law relating to food hygiene and to health and comfort of shop workers.

#### Food Premises

	Inspected	Re-inspected	Total
Fish .. ..	28	—	28
Fruit .. ..	9	—	9
Meat .. ..	195	4	199
Other Food Shops ..	290	6	296
Shops Acts ..	277	452	729

	Contraventions	Work completed
Ventilation .. ..	—	1
Washing accommodation ..	1	3
Forms required ..	8	6
Hot water required ..	27	49
Cleaning and redecorating ..	6	3
Other defects ..	4	4
Food Protection ..	56	56
Protective Clothing ..	7	7

### Food and Drugs—Sampling

The samples submitted to the Public Analyst are as summarised below. The majority of the follow-up work on unsatisfactory samples is done by the sanitary inspectors. Full details are available in the City Analyst's section of the Report.

Milk .. ..	97
Grocery .. ..	308
Ice Cream .. ..	66
Wines and Spirits ..	12
Soft Drinks .. ..	44
Meat Pastes .. ..	7
Sausages .. ..	13
Drugs .. ..	198
<hr/>	
Shell Fish .. ..	20
Fertilisers and Feeding Stuffs ..	50
Materials—Rag Flock Act ..	4
Swimming Bath Waters ..	101

### Ice Cream

The following Table shows the number of premises registered for the manufacture, storage and sale of ice cream.

For Manufacture, Storage and Sale	For Sale of Prepacked only	For Sale of Double Wrapped only	Prepacked and Loose	Total
Hot Mix .. 10				
Cold Mix .. 4				
Freezing and Sale .. 2				
Storage only .. 4				
	636	92	10	738
Total .. 20	636	92	10	738

## Legal Proceedings

Acts, Byelaws or Regulations under which proceedings were instituted	Default or Offence	Fines £ s. d.	Costs £ s. d.
Food and Drugs Act, 1938	Bread sold containing foreign body .. .. .	5 0 0	—
Sale of Food Order, 1943	Apples sold wrongly described	3 0 0	—
Food and Drugs Act, 1938	Making of toffee apples in dirty, unlicensed premises.		
Food Handling Bye-laws	First defendant .. .. .	5 0 0	—
	Second defendant not traced, warrant withdrawn		
Food and Drugs Act, 1938	Selling milk not of the substance demanded :		
	Solids-not-Fat deficiency 5.9 %		
	Added water 2.2% ..	2 0 0	—
Do. ..	Selling milk not of the substance demanded :		
	Solids-not-Fat deficiency 5.3%		
	Added water 1.9% ..	2 0 0	—
Do. ..	Bread sold containing foreign body .. .. .		
Do. ..	Flour sold containing mice droppings .. .. .	10 0 0	—
Milk and Dairy Regulations, 1949	Milk sold in dirty bottle ..	10 0 0	—
Food and Drugs Act, 1938	Sale of Salami containing metal object	Case dismissed—successful plea of written Warranty	
Do. ..	Canned peas sold containing rodent excrement	10 0 0	—
Do. ..	Sale of bread containing shreds of tobacco .. .. .	5 0 0	—
Do. ..	Sale of nuts and raisins contaminated by mice droppings:		
	Two defendants—£5 on two charges .. .. .	20 0 0	—
Do. ..	Sale of Pork Sausage deficient of desired meat content ..	5 0 0	14 14 0
Public Health (Meat) Regulations, 1924—Part VI	Transporting meat in contaminated van .. .. .	10 0 0	—
Food and Drugs Act, 1938	Sale of milk not of substance demanded :		
	Solids-not-Fat deficiency 21.3%		
	Added water 16.8% ..	2 0 0	—
Do. ..	Sale of Meat Pie in mouldy and fly blown condition ..	20 0 0	10 0
Do. ..	Sale of Dough Bun containing inedible foreign material ..	10 0 0	2 0 0

## MILK AND DAIRIES

The following table shows the number of licences granted in respect of milk produced and sold under special designations.

The Pasteurisers and Sterilisers Licences are in respect of five dairies which are the sources of the largest portion of the milk samples submitted for examination or analysis. Pasteurised milk is sampled daily and all the raw designated milk arriving at the dairies from many farms is sampled systematically. There has also been some sampling of undesignated raw milk with a view to getting some idea of the cleanliness of production of all milks coming into Leicester.

### MILK (SPECIAL DESIGNATIONS) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949

and

### MILK (SPECIAL DESIGNATIONS) (RAW MILK) REGULATIONS, 1949

Dealer's (Pasteuriser's) Licence	..	..	..	5
Dealer's (Steriliser's) Licence	..	..	..	1
Dealer's Licence authorising the sale of "Tuberculin Tested" Milk	..	..	..	63
Dealer's Licence authorising the sale of "Sterilised" Milk	..	..	..	313
Dealer's Licence authorising the sale of "Pasteurised" Milk	..	..	..	305
Dealer's Supplementary Licence authorising the sale of "Pasteurised" Milk	..	..	..	4
Dealer's Supplementary Licence authorising the sale of "Tuberculin Tested" Milk	..	..	..	1
Dealer's Supplementary Licence authorising the sale of "Sterilised" Milk	..	..	..	1

## BACTERIOLOGICAL EXAMINATION

Seventy-four samples of ice cream were taken for bacteriological examination during this year with the following results.

	Prepacked	Loose	Total	Percentage
Grade I ..	.. 12	43	55	74.33%
Grade II ..	.. 3	7	10	13.51%
Grade III	.. —	7	7	9.46%
Grade IV	.. —	2	2	2.70%

These results were not as good as in previous years but they still give a final result of nearly 90% of samples in Grades I and II. The ice cream trade was working under very heavy pressure during the latter part of an exceptionally hot summer, and some deterioration in results

ensued. Plants that had given good results since the advent of the Ice Cream (Heat Treatment) Regulations, 1947, were subjected to continuous pressure of work and a number of failures occurred. Advice from the Health Department was sought in all cases of unsatisfactory samples, and special investigations were carried out. Some of the difficulties appear to have arisen from inefficient cooling after pasteurisation. Further sampling after adjustments had been made produced satisfactory results.

## CHEMICAL EXAMINATION OF SAMPLES OF ICE CREAM

Sixty-six samples of ice cream were subjected to chemical examination and all gave satisfactory results.

The average analyses were as follows :

		Fat	Milk-solids- not-fat	Sugar
Loose Ice Cream	..	8.68%	10.78%	13.5%
Prepacked Ice Cream	..	10.8%	11.0%	13.6%
Minimum Legal Standard		5.0%	7.5%	10.0%

The fat content of ice cream manufactured in the city varied between 5.3% and 14.2%, the former being for loose ice cream, and the latter for prepacked. Prepacked ice cream can only remain stable if the fat content is fairly high and therefore it is usually around 10%.

## BACTERIOLOGICAL SAMPLING OF MILK, 1955

### Milk (Special Designation) (Raw Milk) Regulations, 1949-54

					No. taken
Tuberculin Tested (Raw) Milks—Churn Samples	..	..	..	..	914
Tuberculin Tested (Farm Bottled) Milks—Bottle Samples	..	..	..	..	43
Total Tuberculin Tested (Raw Milks)	..	..	..	..	957
Number which failed Methylene Blue Test as laid down by the Milk (Special Designation) (Raw Milk) Regulations, 1949-54:					
Churn Samples	..	..	..	..	122
Bottle Samples	..	..	..	..	4
Total	..	..	..	..	126
Percentage of failures—Churn Samples	..	..	..	..	13.3
Bottle Samples	..	..	..	..	9.3

All the above failures were reported to the Milk Production Officer of the County Agriculture Executive Committee.

					No. taken
Undesignated Raw Milks—Churn Samples	..	..	..	..	589
Number which failed the Methylene Blue Test as laid down by the Milk (Special Designation) (Raw Milk) Regulations, 1949-54	..	..	..	..	194
Percentage of failures	..	..	..	..	32.92

From the above figures a comparison can be drawn between the Methylene Blue Test failures of the designated and the undesignated milks.

The lower percentage of designated milks failing the test can be attributed to licensing conditions and supervision under the provisions of the Milk (Special Designation) (Raw Milk) Regulations, 1949-54, whilst for the undesignated milks there is no bacteriological quality standard laid down. It is to be regretted that such a state of affairs exists, for with the abolition of the Designation "Accredited" in 1954, many farmers who were producing milk to that standard either have no desire or are unable to reach the higher standards of the Tuberculin Tested Designation. The remedy, as far as the cleanliness of milk is concerned, is for all undesignated milks to be subject to the Methylene Blue Test, which should be no less stringent than that applied to Tuberculin Tested supplies.

With the exception of a few routine samples which were taken at the Towers Hospital and Glen Frith Hospital Farms and from the one producer-retailer in the city, the above samples of raw milk were obtained at the five wholesale dairies which supply the city with its heat-treated milk. The samples were taken as the milk arrived from the farms of which there are about 900 supplying the city and parts of the county with their daily milk. Approximately 330 farmers of this total hold a licence which entitles them to designate their milk Tuberculin-Tested.

#### Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949-53

				No. of Samples
Pasteurised Milks (Bottles)	..	..	..	268
Tuberculin Tested (Pasteurised) Milks	..	..	..	52
Sterilised Milks	..	..	..	53
Pasteurised Milks (as supplied to schools)			..	68
<b>Total</b>	..	..	..	<b>441</b>
Number of Methylene Blue Test failures	..	..	..	Nil
Number of Phosphatase Test failures	..	..	..	Nil

In addition, daily Dairy Control Samples for pasteurisation efficiency were taken.

Number taken	..	..	..	..	1,254
Number failing Phosphatase Test	..	..	..	..	2

Both failures were investigated at the dairy concerned, the cause ascertained and advice given to prevent a repetition.

During the year regular inspections of plant and structural conditions at the five dairies were carried out.

### **Milk (Special Designations) (Specified Area) (No. 2) Order, 1955**

The above-mentioned order came into operation on December 6th, 1955, and by its provisions the city was included by the Ministry of Agriculture, Fisheries and Food in a "Specified Area". This means that only Tuberculin-Tested raw milk and heat-treated milk may be sold in the area. In fact all the milk sold within the city was already designated milk so no difficulties were encountered.

### **Bacteriological Examination of Milk Bottles and Churns**

During the year it was decided to commence regular routine bacteriological examination of milk bottles taken from the washing machines at the dairies. These tests are carried out in accordance with a Provisional Technique recommended by the Ministry of Agriculture (National Milk Testing) Service, 1947.

Number of bottles taken	..	..	..	..	80
Number of unsatisfactory bottles (i.e., more than 600 colonies per bottle)	..	..	..	..	11

The unsatisfactory results were investigated at the dairies and on further sampling satisfactory results were obtained.

In addition during the year, the bacteriological cleanliness of churns at the only dairy in the city with hand churn washing facilities was investigated as a result of the unsatisfactory bacterial counts obtained from the four churn rinses taken; mechanical churn washing and sterilising equipment has now been installed and is giving complete satisfaction.

### **Milk Sampling—Food and Drugs Act, 1938**

Number of samples taken—Formal	..	..	..	..	86
(For chemical quality only)—Informal	..	..	..	..	11
					—
Total	..	..	..	..	97
					—

With the exception of the dairy control pasteurisation samples, all the milks submitted to the Public Analyst for bacteriological examination are examined also for chemical quality. When adverse reports are received appropriate follow-up action is taken either at the farm producing the milk or at the dairy and the above figures show the sampling of this nature. The smaller number of samples taken for chemical quality analysis only is in keeping with the general trend of milk sampling over recent years in Leicester. Deliberate adulteration by the addition of water is so rare as to be non-existent and the accidental adulteration which generally occurs through the breakdown of equipment is negligible.

Consequently, taking into consideration the highly organised state of the milk industry today, the procedure of intensive formal sampling of milk from roundsmen on the streets for chemical analysis only is outdated, and the majority of sampling that has been carried out in Leicester has been primarily for bacteriological purposes, although, as previously stated, these informal samples have been checked for chemical quality by the Public Analyst. If a food and drugs authority is to carry out its statutory duties properly and efficiently there must be a regular system of routine sampling both of the incoming milk and the heat-treated and raw designated milk sold wholesale and retail by the dairies. In the case of the smaller unit without laboratory facilities of which there are three in the city, this sampling is of even greater importance.

Where a farmer is sending genuine but poor quality milk into the city, he is asked to seek advice from the Advisory Service of the Ministry of Agriculture, Fisheries and Food.

### **Court Proceedings**

One farmer was prosecuted during the year for selling watered milk. On investigation this was proved to have been caused by a leaky cooler of the in-churn type, which had been allowed to become rusted and perforated.

As a result of a series of adulterated samples of hot milk sold by milk bars and restaurants in the city, a number of successful prosecutions were taken in 1954. This year three formal samples of hot milk were purchased and all proved to be genuine milk.

### **Dirty and Misused Milk Bottles**

Due to the increasing number of complaints and the fact that it was realised that an endless series of prosecutions would not solve the problem, the Department and the dairymen in the city, through their

Association, co-operated in a campaign to publicise the importance of the quick return of rinsed milk bottles to the dairies. Although the proportion of complaints received was insignificant when compared with the number of bottles filled at the dairies each day, the potential risk from the misuse of milk bottles was of great concern both to the Department and to the trade generally.

The Department provided the organisation and the printing for a poster and slogan competition and the Leicester Dairymen's Association donated the money for prizes. Further details of this excellent example of co-operation between local authority and local traders appears in the Health Education section of this report.

It is significant that after the publicity received from the competition, the local dairymen commented on the fact that they were receiving their bottles back from the public more quickly and in a cleaner condition generally. It is to be hoped that this improvement will be maintained, for until a more satisfactory container for milk from all points of view is an economic proposition, it is vitally important that the glass milk bottle be treated by all concerned in the chain of production and consumption in as hygienic and careful a manner as possible. The fact that the number of complaints received by the Department has dropped, encourages the hope that this care is being exercised.

### **Fresh Orange Drink**

Fresh orange drink is being sold by three dairies in the city in one pint and one-third pint bottles. One firm obtains its supplies already bottled from a wholesale dairy outside the city, and the other two bottle two nationally distributed products. In the first case, the dairy prepares the drink from the fresh oranges, with separate bottle washing, pasteurisation and filling equipment, and the other dilutes the sweetened concentrated juice with water and bottles it on a separate filling machine.

Frequent inspections of the preparation rooms at the dairies have been made and the drink is being prepared and bottled under conditions which are satisfactory to this department. The bottles used have been tested for bacteriological cleanliness and the results have been satisfactory. Eight samples during the year were submitted to the Public Analyst for examination and no adverse reports were received.

### **TUBERCLE BACILLI IN MILK**

The number of samples of milk submitted for the animal inoculation test is governed by the number of guinea pigs available. Thirty-six samples were submitted and none was found to contain tubercle bacilli.

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